


THE AMERICAN WAR-BLIND AS SEEN BY THE
FEDERAL GOVERNMENT

JOSE THERIAULT

1947



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THE AMERICAN WAR-BLIND
AS AIDED BY THE FEDERAL GOVERNMENT

Jacob Twersky, Ph.D.

1947

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PART I

PRELIMINARY STATEMENTS

CHAPTER I

THE PROBLEM

The primary aim of the investigator is to present an historical account of the efforts of the American Government in behalf of the war-blind.

The main purpose of the investigation is to obtain the historical perspective for making recommendations for the improvement of the present American program for the war-blind. In order to fulfill this purpose more adequately, historical treatments of the efforts of other nations in behalf of the war-blind will also be made.

There are several other purposes or reasons for the investigation. Those in work for the war-blind require a unified source of information on the history and present work for the war-blind. Those in general work for the blind will find it valuable to know what innovations in the rehabilitation of the blind have been introduced by the programs for the war-blind. The war-blind themselves, and those of the general public interested, should have an accessible source of information on the subject of the American war-blind. And finally, the record of the investigation may service as an historical document.

In treating the history of the Federal Government's efforts in behalf of the war-blind, the period 1789-1947 will be covered. The period 1917-1947, in which provisions for rehabilitation were inaugurated to supplement the

existing provisions for pensions, domiciliary care and hospitalization, will receive the greatest emphasis. The complexity of the efforts in behalf of the war-blind in this period makes this necessary. Because the present program is the most complex, and because recommendations for its improvement will be made, the account of this program will of necessity be the most detailed. In tracing the development of American efforts in behalf of the war-blind, comparisons among the various efforts will be made throughout.

In dealing with the efforts of other nations in behalf of the war-blind, attention will be directed to Great Britain and the British Empire, France and Germany. Since the possibility of finding ways for the improvement of the present American program is the chief reason for dealing with these nations, the period in which rehabilitation was generally introduced for the war-blind, 1914-1947, will be given the most investigation.

Throughout this essay, a number of terms will be used repeatedly. In order to avoid misunderstanding, as much as possible, the following terms are defined:

1. Blind. "The term blind individual means an individual whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or whose visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest

diameter of the visual field subtends an angle no greater than 20 degrees."¹

2. War-blind. The war-blind will be considered as those persons who become blind as a result of service-incurred or service-aggravated conditions.

3. Orientation to blindness. The term will be used to signify the process in which a newly blinded individual engages in order to adapt himself to his disability. The process entails learning to use the tools and methods found effective by those accustomed to blindness.

4. Foot travel. This term will be used to refer to the ability, or combination of abilities, that blind persons develop in getting about alone.

5. Rehabilitation. "Rehabilitation is the restoration of the handicapped to the fullest physical, mental, social and economic usefulness of which they are capable."²

6. Vocational guidance. "Vocational guidance is the process of assisting the individual to choose an occupation, prepare for it, enter upon and progress in it. It is concerned primarily with helping individuals make decisions and choices involved in planning a future and building a career -- decisions and choices necessary in effecting satisfactory vocational adjustment." ³

1. Revenue Act of 1944 (2). Section 23 (y).

2. Definition adopted by the National Council on Rehabilitation, August 1943.

3. Definition adopted by the National Vocational Guidance Association, 1937.

The problem as stated has not received any investigation before. Articles on the war-blind, reports by personnel and agencies working for the war-blind, have appeared, but these have dealt with isolated phases of the broad problem. No synthesis of available information has ever been made.

The chief method to be employed in this investigation will be historical research. The reliability of sources will be tested by internal and external criticism. In the synthesis of the facts obtained, an attempt will be made to form a continuous and revealing pattern. Almost all of the evidence will be derived from primary sources.

To supplement the historical research, visits to centers of rehabilitation for the present war-blind will be made, and the investigator's experience in work for the blind and work for the war-blind will also be relied upon.

Most of the sources for the historical research may be found in the New York public Library, Fifth Avenue and 42nd Street, and in the library of the American Foundation for the Blind. The remainder of the sources are obtainable from the Superintendent of Documents, Washington, D. C., the Surgeon-Generals' Offices of the Army and Navy, the Veterans Administration, the British Information Service in New York City, and St. Dunstan's in London.

In the synthesis, the information will be organized to show trends. Following an account of the development of basic American enabling legislation in behalf of all war-

injured, the specific enabling legislation for the blind. along with descriptions of how this legislation was implemented, will be presented. Insofar as is possible at present, the results of the programs for the war-blind will be indicated. The European nations, that will be dealt with, will not be treated as extensively as the United States. But the treatment will be sufficiently extensive for the purposes of an investigation concentrated mainly on the United States. Following the statements on the European nations, conclusions will be drawn and recommendations will be made for the improvement of the present American program.

In the portion of the essay dealing with the European nations, the method of continuous chronological development will have to be sacrificed. At the end of the sections concerned with the United States, it will be necessary to retrace time in the development of programs for the war-blind in Great Britain and the British Empire, France and Germany.

In the construction of the bibliography to the essay, the nature of the sources will not allow for a topical arrangement. Most of the sources are not limited to treatments of one or two aspects of the problems of the war-blind, but rather attempt to cover many simultaneously. Consequently, in the construction of the bibliography, there will only be made a division of sources into primary and secondary.

In the appendix to the essay, only the unpublished material used, will be presented.

CHAPTER II

THE DEVELOPMENT OF GENERAL LEGISLATION FOR THE AMERICAN WAR-INJURED

The development of the basic American legislation for the war-injured has to be presented in order that the efforts in behalf of the war-blind may be more clearly understood. In this chapter the aim will be to make this presentation.

The maimed veteran of America's wars has always been cared for. The present compensations granted to the war-injured have evolved from the pension systems of colonial America, which were, in turn, inherited from England.

The first American pension for disabled soldiers, which was enacted in the Pilgrim courts in 1636, decreed that a maimed soldier should be maintained competently for the remainder of his life. Although not quite as generous, similar acts were passed by the Virginia Assembly in 1664,¹ and by the Maryland Militia in 1678.² The Massachusetts Bay Colony, also among the first to offer disability pensions, initiated a system of adjudicating pension applications at its traditional town meetings.³

Shortly after the independence of the colonies was declared, the Continental Congress, on August 26, 1776,

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1. William Henry Glasson, History of Military Pension Legislation in the United States, p. 12
 2. Ibid., p. 13
 4. Ibid., p. 12

passed the first national disability law, which later became retroactive to April 19th, 1775.⁴ The act called for a maximum payment of half-pay, payable to those soldiers who had lost a limb or were so disabled as to be incapable of earning a living. The national government was without substantial credit at this time, however, so that the enforcement of this act was left to the individual states.⁵

At this same time, Congress, in resolutions of August 14 and September 16, 1776, granted as much as 1000 acres of land to both disabled and non-disabled veterans according to length of service and rank.⁶

Disability pensions for the Revolutionary War were liberalized by the Congressional resolution of April 23, 1782, which provided a five dollar a month pension for all men discharged for sickness and wounds. Payment of the disability pensions was to be advanced by the states and then charged to the national government.⁷

The earlier pension acts, which had been intended primarily as an incentive for enlistment during the war, were sharply cut at the end of hostilities. The act of June 5, 1785, reduced the flat five dollar a month dis-

4. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 1

5. Glasson, op. cit., p. 15

6. U. S. Government Printing Office, United States' Statutes, Laws and Executive Orders Relating to Compensation, Pension and Emergency Officers' Retirement.....p. 9.

7. Glasson, op. cit., p. 17.

ability pension to as little as \$1.66 2/3 a month. The five dollar rate for enlisted men was retained only in the cases of total disability. Commissioned officers of the Revolution, however, were allowed a disability pension not to exceed one half their army pay.⁸ The administration of the act was left to the ⁷states again, but payment was irregular, and upon adoption of the Constitution, the Federal Government paid the arrears in pensions due the disabled veterans of the Revolution.⁹

At the time of the passage of the General Pension Law of March 23, 1792, there was a total of 1,472 disabled men receiving a monthly pension.¹⁰ The law placed the power of adjudicating pension claims in the hands of the United States Circuit Court of Appeals. But Chief Justice John Jay, while sitting with the Circuit Court in New York wrote President Washington and expressed the opinion that the pension law was unconstitutional since it allowed a decision of the United States Court (in the adjudicating of claims) to be overridden by Congress and the Secretary of War. The action was finally declared invalid by the Supreme Court in February, 1794, when in the case of Yale Todd of Connecticut, the Court denied the authority of judges to evaluate pension claims. This decision is not only important as a pension case, but also because it is

8. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 1

9. Glasson, op. cit., p. 24

10. Ibid., p. 26

probably the first in the history of the Federal Government in which a law was invalidated by the virtual, if not expressed, opinion of the Supreme Court that it was unconstitutional.¹¹

The pension laws in effect at the outbreak of the War of 1812 were substantially the same as those of the Revolution. The Navy, however, had, in the years between the wars, established a pension system independent of the Army. The Navy pension fund was to be supported by the money received from prizes of war, and in case of deficit, to be supplemented by the Federal Government. The Navy fund remained self-sustaining for sometime, as is evidenced by the fact that in 1813, when Navy disability pensions¹² amounted to only \$11,300, the fund contained \$329,000.

There was no change in disability pensions during the War of 1812, but on April 24, 1816, the 185 officers and 1572 enlisted men on the disabled pension list received an increase in compensation. The \$5 a month total disability pension for enlisted men was increased to \$8, and junior officers received a nominal increase of a dollar or two¹³ a month.

Government aid to the disabled had been restricted to financial compensation, but in 1811, the government launched a program of domiciliary care for disabled veterans by

11. Ibid., pp. 27-29

12. Ibid., p. 55

13. Ibid., p. 33

constructing a Naval Home at Philadelphia, Pennsylvania.

14

This domiciliary program, created to care for those who had a chronic disability not amenable to medical treatment, has since grown to great proportions. The Veterans Administration alone now supports eleven such homes.

15

Government pension policy was not altered in the years preceeding the Mexican War, but the act of May 13, 1846, which declared war against Mexico also guaranteed to Army volunteers the same pension benefits then assured all regular troops.

16

Domiciliary care, which until then had been exclusively for disabled naval veterans, was expanded at the end of the Mexican War to include two homes for disabled soldiers. Although built back in 1851, one of these homes still stands in Washington, D. C.

17

Variations in pension laws and facilities for disabled men were few in the years between the Revolution and 1861, but with the Civil War came a reorganization of government aid to its war-injured. Laws for invalid soldiers were outdated, consequently the Committee on Invalid Pensions introduced a more liberal pension bill into the House. Because there was a great need for volunteer enlistments at this time, the House offered very little opposition, passing the bill, known as the General Pension Law, on July 14, 1862.

18

14. Frank T. Hines, Medical Care Program of Veterans Administration, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 73-79

15. Ibid., pp 73-79

16. Glasson, op. cit., pp. 66-67

17. Hines, op. cit., pp. 73-79

18. Glasson, op. cit., pp. 72-73

The law provided disability pensions for the regulars, militia, and volunteers of the Army, Navy, and Marine Corp retroactive to March 4, 1861. The rates established by previous acts were not raised appreciably by the act of July 14, 1862, but the true value of the General Pension Law lay in setting a foundation for future increases. Compensation for total disability for enlisted men was kept at the \$8 a month level, but \$10 per month was awarded Warrant Officers, \$15, Second Lieutenants, \$17, First Lieutenants, \$20, Captains, \$25, Majors, and \$30 per month, Lieutenant Colonels and higher ranks.¹⁹ Total disability was defined as being equivalent to an "anhylosis (stiffening) of the wrist." Proportionate pensions as low as \$1 a month based upon percentage of disability were also²⁰ awarded.

Pensioners of previous wars living in rebel states had their names struck from the pension rolls at the outbreak of the Civil War by a resolution on February 4, 1862.²¹ Those who fought against the Union were barred from receiving Federal land bounties, and remained ineligible until²² March 11, 1898, when the disloyalty clause was repealed.

The end of the Civil War, with its greatly swollen ranks of war-disabled, witnessed increased aid to invalid

19. Ibid., p. 73

20. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 1

21. Ibid., p. 6

22. Ibid., p. 9

veterans. A new system of awarding fixed rates for certain specific disabilities was inaugurated by the pension act of July 4, 1864. For the first time, blindness was specifically recognized by an award of twenty-five dollars to those who suffered this disability in both eyes. A similar award was made for the loss of both hands and twenty dollars per month was paid for the loss of both feet. Subsequent periodic pension legislation raised the compensation for these three disabilities to \$31.25 a month in 1872, \$50.00 a month in 1874, and finally to \$72.00 a month in 1878, at which figure they remained for some time. Compensation for the loss of both hands was increased to \$100 a month on February 12, 1889, a high²³ water mark in the history of disability pensions.

The necessity for providing sufficient compensation to those injured veterans requiring the constant attendance of another person was not realized until after the Civil War. The act of June 6, 1866 awarded \$25 a month to such veterans, and by 1890, compensation for regular aid and attendance had risen to \$72 a month. Those invalids who required only the periodic aid of another person were finally²⁴ covered by an act in 1892, which awarded them \$50 a month.

The foundation for the present American domiciliary care program was laid on March 3, 1865 by the creation of

23. Glasson, op. cit., p. 76

24. Ibid., p. 76

the "National Asylum for Disabled Volunteer Soldiers."

The "Asylum" was under the direction of the President and nine others, not members of Congress. A home was also built in Togus, Maine in 1866,²⁵ and over 300 acres of property was set aside at Point Lookout, Maryland for the construction of another. Subsequently, the "National Asylum" became known as the "National Home."²⁶

Pensions of disabled veterans of the Civil War were retroactive to the date of discharge if their claims were filed within one year. Pensions filed after that were effective only from the date of filing. In 1868, the one year retroactive limit was increased to five years, and arrears were granted pensioners from date of discharge to the date of filing.²⁷ This policy aided the numerous claim agents and pension lawyers in securing new clients. Veterans who would never have filed for a disability pension were encouraged by newspaper advertisements of claim agents, stating that no fee was to be paid unless a disability pension plus arrears were awarded. This widespread agitation had the effect of producing a nationwide demand for increased pensions and a policy of granting arrears to date of discharge on all pensions.²⁸ The agitation was successful and the Arrears Act, granting arrears to date of discharge on old

25. F. T. Hines, Medical Care Program of Veterans Administration, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 73-79

26. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, P. 1

27. Glasson, op. cit., p. 88

28. Ibid., p. 91

and new claims, was passed by the House on June 19, 1878. Claim agents were forbidden to accept payment for filing claims, but the law, in actuality, produced the opposite²⁹ effect and brought them a flood of business. The number of disability claims filed was tremendous. Pressure however, from the G. A. R., headed by, John C. Robinson, forced President Hayes to approve the act on January 25,³⁰ 1879.

The number of new claims during 1879 was greater than that of any other year except 1866.³¹ The great cost involved in paying the fourteen years arrears on these claims forced Congress to adopt July 1, 1880 as the closing³² date for applicants desiring payment of arrears. The lucrative offer of arrears and the activity of claim agents and pension lawyers created a great opportunity for false claims, which the Commissioner of Pensions at that time³³ estimated to be over \$2,000,000 a year.

Claims filed during the month of June, 1880, just before the expiration date of the Arrears Act, totaled 4,532, or³⁴ more claims than were filed in the entire year of 1878. J. C. Blake, Commissioner of Pensions, estimated that up until June 30, 1885, the Arrears Act had cost the government \$179,000,000 rather than the \$20,000,000 that the proponents³⁵ of the bill had assured the House it would cost.

29. Glasson, op. cit., pp. 93-95

30. Ibid., pp. 93-95

31. Ibid., pp. 100-101

32. Ibid., P. 99

33. Ibid., p. 96

34. Ibid., p. 102

35. Ibid., p. 105

Domiciliary care facilities for invalid soldiers and sailors were greatly increased in the years preceeding the Spanish-American War. A branch of the "National Home" was built at Leavenworth, Kansas in 1884. At this time it became government policy to admit to the homes any veteran of previous wars who was disabled because of age, disease or wounds. It was no longer necessary for inmates of the homes to have been totally disabled in line of duty.³⁶

The construction of a branch west of the Rocky Mountains was authorized in 1887, and Santa Monica, California was chosen as the site. Even though the Federal Government by this time had several domiciliary homes for invalid veterans, a good portion of the domiciliary care was handled by the individual states. In 1888, the Federal Government passed a resolution to pay states which had built homes for Civil War veterans a hundred dollars a year for each invalid veteran accommodated.³⁷

Up to 1892 only former officers of the Civil War were eligible to serve as officers of domiciliary homes, but on April 11, 1892, the policy was altered to include all veterans of the war.³⁸

The next addition to the domiciliary care program was a branch home at Johnson City, Washington County, Tennessee, which was authorized on January 28, 1901. Erected at the end of the Spanish-American War, it was the first government

36. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 56

37. Ibid., p. 57

38. Loc. cit.

home to specify that newly injured veterans of the war
³⁹
 were eligible for domiciliary care.

Compensations awarded these invalided veterans of the Spanish-American War came under the General Pension Laws of the Civil War,
⁴⁰
 with the exception of a minimum pension of six dollars a month authorized on March 2, 1895 as a proviso
⁴¹
 of a pension appropriation.

As in 1861, the claim agents, pension attorneys, and solicitors who received \$25 for each claim, were successful in getting Spanish-American War veterans to file claims for pensions. Commissioner of Pensions Evans reported in 1901 that twenty percent of all veterans of the Spanish-American War had filed disability claims, as compared to the six-percent
⁴²
 of the Civil War veterans who had filed claims before 1872.

Commissioner Evans, in his report, cited the case of a regiment of 937 enlisted men and 53 commissioned officers, which had no battle casualties, yet had filed 447 claims for
⁴³
 pensions. No small part of this was due to the advertising and salesmanship of claim agents, many of whom went to San Francisco during the Spanish-American War in order to

39. Ibid., pp. 59-60

40. William H. Glasson, National Pension System, Annals of the American Academy of Political and Social Sciences, March, 1902, pp. 204-226

41. William H. Glasson, History of Military Pension Legislation in the United States, p. 119

42. William H. Glasson, National Pension System, Annals of the American Academy of Political and Social Sciences, March, 1902, pp. 204-226

43. Loc.cit.

convince men hospitalized from the Pacific action to file pension claims.⁴⁴ The great success of these agents is perhaps best illustrated by the fact that the great majority of veterans signed statements upon discharge stating that they had suffered no disability yet twenty percent applied for disability pensions within the year.⁴⁵

There was only slight change in government compensation and care, except for the addition of a few new domiciliary homes, during the years between the Spanish-American and the World War. The basic legislation covering invalid veterans of World War I was the War Risk Act of October 6, 1917,⁴⁶ which provided for disability pensions and free medical care and equipment. The act was based upon a new, and at the time, revolutionary theory, if statutory provisions for total disability are not considered, that disability pensions should not be dependent upon the former rank of the veteran^{46a} but rather, on his need and the extent of his injury.⁴⁷

Under this law, compensation for total disability ranged from \$30 a month for a single man to \$75 a month for a married man with three or more children.⁴⁸ Ten dollars extra was granted for a dependent parent. An additional sum not exceeding \$20 a month was also granted to those requiring constant aid and attendance. A statutory award of \$200 a

44. Ibid., p. 224

45. Ibid., p. 225

46. Samuel M. Lindsay, Purpose and Scope of War Risk Insurance, Annals of the American Academy of Political and Social Sciences, Sept. 1918, pp. 52-68

47. Thomas B. Love, Social Significance of War Risk Insurance, Annals of the American Academy of Political and Social Sciences, Sept. 1918, pp. 46-52

48. Curtis E. Lakeman, The After-Care of our Disabled Soldiers and Sailors, Annals of the American Academy of Political and Social Sciences, Sept. 1918, pp. 114-130

month was offered for the loss of both feet, both hands, or vision, or to recompense helpless and permanently bedridden invalids.⁴⁹ The War Risk Insurance Act also included partial disability pensions based not only upon the severity of the disability, but also upon the injury's handicap to the veteran's previous occupation. Under this ruling, a lawyer who had lost ^{two} ~~two~~ fingers received a smaller pension than a carpenter who had suffered the same loss.⁵⁰

Subsequent amendments to the War Risk Act greatly increased the compensation. For example, Public Law 104, 66th Congress, approved December 24, 1919, increased the total temporary disability compensation to eighty dollars a month. More important it increased the permanent total disability allowance from \$30 to \$100 a month.⁵¹ Public Law 370, 67th Congress, approved December 18, 1922, granted \$50 a month to those blind, legless or armless men in constant need of a nurse or attendant.⁵²

Another important feature of the War Risk Act was the provision that enabled servicemen to purchase yearly renewable term insurance at an inexpensive rate. A minimum of \$1000 and a maximum of \$10,000 insurance was sold in multiples of \$500. The face value of the policy was paid to the invalided veteran in 240 monthly payments, or in

49. Loc. cit.

50. S. H. Wolfe, Eight Months of War Risk Insurance, Annals of the American Academy of Political and Social Sciences, Sept. 1918, pp. 68-79

51. Committee on Pensions, House of Representatives, Veterans Laws, P. 27

52. Ibid., p. 30

smaller payments for the rest of his life. In the advent of death if he had not received the entire value of his policy, the remainder was forwarded to his beneficiaries. ⁵³

Ninety-five percent of the men in service took out some insurance, but even the men without insurance were covered by a government resolution which granted approximately \$4500 coverage to any man who became totally disabled before taking out a policy. ⁵⁴

Hospitalization and after-care facilities for invalided men received greater stress during the first World War than ever before. Free hospital care had always been provided invalided inmates of domiciliary homes, but not until the passage of the War Risk Insurance Act in 1917 were disabled veterans outside homes granted free medical treatment, supplies, and prosthetic devices. Numerous specialized hospitals to treat the tuberculous, neuropsychiatric, insane, and the blind were set up by the government as part of the medical rehabilitation program. An Army Sanatorium with branches at New Haven, Connecticut, Denver, Colorado, Otisville, New York and other cities, able to accomodate ^M 5,875 patients was established for the tuberculous. Unfortunately, however, as many as 10,000 men were discharged from the Army because of tuberculosis. The neuropsychiatric were treated at the Army Hospital at Plattsburg, New York, the insane at Fort Porter, New York. The incurable insane were

53. Lindsay, op. cit., pp. 52-68

54. Love, op. cit., pp. 46-52

discharged from the service in the custody of relatives or state hospitals, and the remainder were transferred to the St. Elizabeth's Home in Washington, D. C. The men blinded in the war were treated at General Hospital #7, Baltimore, Maryland.

55

By the end of the first World War, over 20,000 disabled veterans of the Civil and other wars were being cared for in nine government homes, while the states cared for 12,000 more. Previous to the first World War, the government had made no concerted effort to restore the men in these homes to their normal lives, but in 1918 it was government policy to train the invalided veterans in order to keep them out of government homes.

56

Vocational rehabilitation of the war-injured was first introduced by the War Risk Insurance Act, which provided vocational rehabilitation for men who had had an amputation or were suffering from injuries to their sight or hearing. This provision did not remain in effect very long, for it was quickly supplanted by a more inclusive act. The Vocational Rehabilitation Act, approved June 27, 1918 provided at government expense for the reeducation of all veterans so disabled that they could not resume their former occupations. Trainees under the program established received the same salaries and family allowances as they had while in the service, which made the allowances dependent upon former

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55. Lakeman, op. cit., pp. 114-130

56. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 32

57. Lakeman, op. cit., pp. 114-130

rank rather than severity of the veterans' disabilities. This policy was a reversal of the single pension standard set up by the War Risk Insurance Act.⁵⁸ But men who would have received comparatively low training allowances under this act were covered by a provision permitting the choice of either the training allowance or the disability benefits of the War-Risk Insurance whichever was greater.⁵⁹

Administration of the Vocational Rehabilitation Act was entrusted to a Federal Board for Vocational Education, whose responsibility it was to reeducate disabled veterans, find them work and continue the after-care until they were completely independent.⁶⁰ To carry out these ~~and these~~ responsibilities, the Federal Board was given almost complete control over the reeducation of veterans. A disabled man could elect the occupation he wanted to be trained in, but his choice had to have the approval of a local board of the Federal Board of Vocational Rehabilitation. Local Boards were made up of two men from the district office, one of whom had to be a laborer, and two men from the veteran's locality - one business man and one laborer. The Federal Board could, with the veteran's permission, shift him from one school, class or

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58. Charles A. Frosser, A Federal Program for the Vocational Rehabilitation of Disabled Soldiers and Sailors, Annals of the American Academy of Political and Social Sciences, Nov. 1918, pp. 117-122
59. Thomas B. Love, Social Significance of War Risk Insurance, Annals of the American Academy of Political and Social Sciences, Sept. 1918, pp. 46-52
60. Curtis E. Lakeman, The After Care of Our Disabled Soldiers and Sailors, Annals of the American Academy of Political and Social Sciences, Sept. 1918, pp. 114-130

61

training course to another. The Federal Board was further empowered to withhold payment of the training allowance in case a man refused to follow the prescribed course of training.

62

Tuition also was paid by the government in all cases, but the monthly training allowance, based upon former service pay, was granted only to those men who were learning a new vocation because their war disability had kept them from returning to their former work.

63

The Vocational Rehabilitation Act further specified that disabled men should receive equal pay for equal work, and forbade a reduction in pay because the veteran was receiving a government pension. The Board generally followed union pay scales in an industry, but if there were no union, an agreement on pay was reached between the worker, the Federal Board and the employer.

64

The administration of government rehabilitation, compensation, and hospitalization was decentralized during the World War, but on August 9, 1921, the Rehabilitation Division of the Federal Board of Vocational Education, the Bureau of War Risk Insurance, and the hospitals under the care of the Surgeon General of the Public Health Service were all

61. Prosser, op. cit., pp. 117-122

62. Love, op. cit., pp. 46-52

63. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 32

64. Charles A. Prosser, A Federal Program for the Vocational Rehabilitation of Disabled Soldiers and Sailors, Annals of the American Academy of Political and Social Sciences, Nov. 1918, pp. 117-122

combined to form the United States Veterans' Bureau. The complete centralization of veterans' activities took place in July, 1930 when the Veterans' Bureau, the National Home for Disabled Soldiers and Sailors and the Bureau of Pensions⁶⁵ were combined to form the present Veterans Administration.

The compensations and benefits granted World War I veterans were altered by the World War Veterans Act, which⁶⁶ was approved June 1, 1924. The pension for total, temporary disability ranged from \$80 a month for a single man to \$100 a month for a married veteran with two children, and an outright sum of \$100 was granted for total permanent disability. The act also provided statutory awards of \$150 for blindness in both eyes and \$200 a month for blindness in⁶⁷ both eyes plus the loss of one or more limbs. Compensation of \$25 in addition to the regular pension was granted for the loss of a sexual organ or of one or more hands or feet. The sum provided to those in need of an attendant was increased to a maximum of \$50 a month. Inmates of asylums were granted a monthly award of \$20. The law also included the provision of the War-Risk Insurance Act for granting free medical, surgical, and hospital care and supplies such as artificial⁶⁸ limbs, trusses and wheel chairs to all disabled veterans.

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65. F. T. Hines, Medical Care Program of the Veterans Administration, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 73-79
66. U. S. Government Printing Office, United States' Statutes, Laws and Executive Orders Relating to Compensation, Pension and Emergency Officers' Retirement.....pp. 81
67. Ibid., page 102
68. Ibid., pp. 104-106

Authorization for the construction of a hospital for veterans of the Spanish-American War, Philippine Insurrection, the Boxer Rebellion, and the World War suffering from the more serious ailments such as paralysis, tuberculosis, blindness, and dysentery was also included in the Veteran's Act of 1924. Traveling expenses to and from the hospital were covered by the government in the event that the veteran could not afford the trip.

69

Training allowances granted by the Vocational Rehabilitation Act of 1918 were also greatly increased by the Veterans Act. These allowances were determined by the Director of Vocational Rehabilitation, but the maximum was set at \$80 a month for single men, and \$100 a month for men with dependents, plus \$15 for a wife, \$10 for the first child, and \$5 for each subsequent child. The Director was empowered to raise these limits to \$100 and \$120 respectively if a veteran's living expenses were higher than average. The act set June 30, 1926 as the limiting date for free training under government vocational rehabilitation.

70

The Veterans Act of 1924 and its amendments stood intact until 1933, when under the Roosevelt Administration, numerous changes were made in laws affecting disabled veterans. Public Law 2, 73rd Congress, approved March 20, 1933 authorized the President to fix disability pensions

71

69. Ibid., p. 108

70. Ibid., pp. 126-128

71. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 62

between the limits of \$6 and \$275 a month.

An executive order on pensions under the authorization of Congress was issued on March 31, 1933. It provided \$80 a month for total disability, and a \$20 supplementary award for the loss of one hand, foot, or eye. The statutory awards included \$100 a month for the loss of both hands or feet, ~~\$150~~ for the loss of both hands and one foot, or both feet and a hand, \$175 for blindness in both eyes, \$200 for blindness plus the loss of a foot or a hand, and \$250 for complete double disability.⁷³ Executive Order 6156, issued on June 6,

1933 raised the total disability award to \$90 a month, raised the supplementary award to \$25, and increased the pension for the loss of both hands or feet from \$100 to \$150 a month.⁷⁴ A subsequent executive order, issued January 19, 1934, again increased the total disability pension, this time to \$100 a month - at which level it stood until the entrance of the United States into World War II.

In the same year, President Roosevelt issued Executive Order 6230, which created a Board of Veteran's Appeals, with the power to decide on appealed cases and, if necessary, to reopen dead claims. The Board originally consisted of a Chairman and a maximum of fifteen assistants, broken up into sections of three to hear appeals.⁷⁶ A later executive order,

72. Ibid., p. 65

73. Ibid., pp. 65-66

74. U. S. Government Printing Office, United States' Statutes, Laws and Executive Orders Relating to Compensation, Pension and Emergency Officers' Retirement.... pp. 136-139

75. Ibid., p. 140

76. Committee on Pensions, House of Representatives, 76th Congress, Veteran's Laws, p. 87

No. 6547, raised the maximum number of board members to
 77
 thirty.

Previous to Public Law 648, 75th Congress, approved
 June 16, 1938, "line of duty" included only the time spent
 under actual control of the military, but the phrase was
 broadened at this time to include furloughs, thus making
 injuries sustained on furlough eligible for a disability
 78
 pension.

With the broadening of domiciliary care facilities, it
 became necessary to outline the program fully and declare
 the eligibility of various classes of veterans. This was
 done in Executive Order 6775, issued on June 30, 1934. War
 veterans who had suffered service-incurred or aggravated
 conditions received priority status, other dischargees
 injured in service were the next class eligible for
 domiciliary care. Retired officers and enlisted men,
 without any disabilities, had the lowest eligibility of
 79
 six classes of veterans. This executive order also
 provided for travel pay to and from the government home for
 80
 those unable to pay. The maximum pension to invalided
 veterans living in government homes was set at fifteen
 dollars a month. The remainder of his compensation was to
 81
 go to his dependents.

On December 7, 1941, the pension laws in effect were

77. Ibid., p. 89

78. Ibid., p. 111

79. U. S. Government Printing Office, United States' Statutes,
 Laws and Executive Orders Relating to Compensation
 Pension and Emergency Officers' Retirement....p/ 175

80. Ibid., p. 173

81. Ibid., p. 174

based upon the executive orders issued by President Roosevelt, which had established ten grades of disability based upon the impairment of earning power in civilian life. Within two weeks, however, Congress passed a new disability compensation act, which remained intact almost throughout the duration of World War II. The Voorhis Act, approved December 19, 1941, authorized a total disability compensation of \$115, or \$15 higher than the previous authorization. Supplementary and statutory awards were also increased. The previous \$25 supplementary award for the loss of one eye, hand, or foot was increased to \$35. The Voorhis Act also provided \$165 for the loss of both hands or feet; \$190 for the loss of both hands and a foot or both feet and a hand, or blindness in both eyes; \$215 for blindness in both eyes and the loss of a foot or a hand; and \$265 for total double disability.

The compensations granted in the Voorhis Act have since been liberalized by Public Laws 182 and 662 of the 79th Congress. These acts as they pertain to the blind will be fully treated in a later chapter.

The Servicemen's Readjustment Act, included several references to the pension rights of disabled veterans. It made null and void any statements signed by anyone in the armed forces on the nature, origin, and aggravation of a disease which might be against his own interest.

82. Gerald Monsman, Federal Legislation, Annals of the American Academy of Political and Social Sciences, May 1943, pp. 38-46

83. Loc. cit.

The land bounties granted veterans of early wars have since been replaced by a government homestead policy. The Soldiers and Sailors Homestead Act, approved September 27, 1944, granted all veterans of World War II a homestead on the condition that they occupy the land for at least three years. Two years of their service time was permitted to be used toward fulfilling this requirement. Disabled veterans, however, were given the slight advantage of having to occupy the homestead for one year only, regardless of the length of their service.

Vocational Rehabilitation for disabled veterans of the Second World War was provided by Public Law 16, 78th Congress, a proved March 24, 1943. The law allowed four years training for those veterans whose disability necessitated retraining. It limited the commencement of the training period to a maximum of six years after the termination of the war. A veteran's disability pension was raised to a minimum of \$92 a month plus additional amounts for dependents during the training and for two months after its completion. Travel expenses to the nearest school offering the necessary type of training were paid by the government. The law also contained provision for students to borrow up to one hundred dollars in case of financial emergency.

A survey of the first 3000 students undergoing vocational rehabilitation indicated that approximately 1000

84. Loc. cit.

85. F. T. Hines, Medical Care Program of Veterans Administration, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 73-79

were taking professional and managerial courses, broken down as follows: 200 accounting students, 100 preparing for teaching, 100 for mechanical engineering, 100 law students, 80 studying electrical engineering, 40 in some field of writing, 30 civil engineering students, 30 pharmacy students, and 20 graduate students. The remaining 300 students were studying to be chemists, managers, architects.

86

A Veteran's Placement Service Board was created in order to aid the disabled veteran secure employment. The Board was composed of three men: The Administrator of Veterans Affairs, serving as the Chairman; the Director of the Federal Security Administration; and the Director of the Selective Service System. The actual placement of disabled veterans was in the hands of the 1500 local offices of the United States Employment Service.

87

Since 1942, the United States Employment Service has been arranging interviews with disabled soldiers in hospitals before discharge in order to get a preview of the disabled veteran's employment needs.

88

The Federal Government aided immeasurably this employment program by giving preference to disabled veterans for a great many Civil Service positions. The Veteran's Preference Act, approved June 27, 1944, stated that disabled veterans were to be given a ten-point preference over non-veterans for Civil

86. Loc. Cit.

87. K. Vernon Banta, Placement Service for Disabled Veterans, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 109-114

88. Loc. Cit.

Service jobs other than judicial and legislative positions and scientific and professional jobs where the salary exceeded \$3000 a year.⁸⁹ Time served in the armed forces was included as experience whenever possible, and physical requirements such as weight, height, and age were often waived.⁹⁰

Hospitalization of disabled veterans was undertaken by the Administrator of Veterans Affairs, who was authorized to furnish hospitalization and domiciliary care for any disabled veteran who was unable to pay for such aid.⁹¹

As of June 30, 1944 the Veterans Administration supported 95,749 hospital beds for veterans, and 16,564 beds in veterans homes.⁹² The Servicemen's Readjustment Act of June 22, 1944 authorized \$500,000,000 for additional Veterans Administration hospitals.⁹³

If the severity of a veteran's disability or illness was such as not to require hospitalization, he was given outpatient treatment at any one of the more than one hundred regional offices and hospitals throughout the country. Veterans under Public Law 16 could also receive medical treatment, appliances,

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- 89. Elizabeth Cosgrove, The Disabled Veteran in the Federal Government, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 115-121
 - 90. Gerald Monsman, Federal Legislation, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 38-46
 - 91. Id. Cit.
 - 92. F. T. Hines, Medical Care Program of Veterans Administration, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 73-79
 - 93. Gerald Monsman, Federal Legislation, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 38-46

or hospitalization necessary in the facilitation of their
⁹⁴
 training.

The provisions just described are the latest in the development of general legislation in behalf of the war-injured. It has been seen that this development provided the war-injured in the United States with pensions, domiciliary care, hospitalization and programs of rehabilitation. All of the provisions were liberal for their time.

Now a number of questions demand answers. Was this liberality extended to the treatment specifically afforded the war-blind? How was the enabling legislation implemented for the creation of programs of rehabilitation for the war-blind? These questions and others about the war-blind will be answered in the chapters that follow.

 94. F. T. Hines, Medical Care Program of Veterans Administration, Annals of the American Academy of Political and Social Sciences, May 1945, pp. 73-79

PART II

THE EFFORTS OF THE FEDERAL GOVERNMENT IN BEHALF OF

THE WAR-BLIND, 1789 - 1941

CHAPTER III

PRIOR TO WORLD WAR II

In the period 1789-1917 the efforts of the Federal Government in behalf of the war-blind were directed chiefly toward providing pensions. No rehabilitation program was effected, not even after the Spanish-American War when according to McCumber there were six hundred blinded¹ veterans on the pension lists.

On September 29, 1789, the first Federal pension law was passed in pursuit of the policy set by the Continental Congress in 1776. The law provided for pensions to the soldiers in the Revolutionary War who were rendered, while in the military service of their country, "incapable² afterwards of getting a livelihood."

Following the act of 1789 a number of other pension laws were passed, which, though they did not specifically mention the blind, were nonetheless applicable to the blind. The act of July 14, 1862, entitled "an Act to Grant Pensions" was a good example. It read:

Any officer, noncommissioned officer, musician or private of the Army, including regulars, volunteers and militia, or any officer, warrant or petty officer,

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1. Congressional Record, 58th Congress, Second Session, Volume XXXVIII, 1904, p. 3079.
 2. Robert B. Irwin, Federal Provisions of Benefit to the Blind. American Foundation for the Blind, 1946, p. 3.

musician, seaman, ordinary seaman, flotilla man, marine, clerk, landsman, pilot or other person in the navy or marine corps, who has been, since the fourth day of March, 1861, or shall hereafter be, disabled by reason of any wounds received or disease contracted while in the service of the United States, and in the line of duty, he shall, upon making due proof of the fact, according to such forms and regulations as are or may be provided by or in pursuance of the law, be placed upon the list of invalid pensions of the United States, and be entitled to receive, for the highest rate of disability, an amount proportionate to the highest disability, to commence as hereinafter provided, and to continue during the existence of such disability. The pension for a total disability (and blindness was considered such a disability) for officers, noncommissioned officers, musicians and privates employed in the military service of the United States, whether regulars, volunteers or militia, and in the marine corps, shall be as follows, viz., lieutenant-colonel and all officers of a higher rank, thirty dollars per month; major, twenty-five dollars per month; captain, twenty dollars per month; first lieutenant, fifteen dollars per month; and noncommissioned officers, musicians and privates, eight dollars per month.³

The first pension law that specifically mentioned the war-blind went into effect on July 4, 1864. Section five of the law read as follows:

All persons now by law entitled to a less pension than hereafter specified, who shall have lost both feet in the military service of the United States and in the line of duty, shall be entitled to a pension of twenty dollars per month; and those who under the same conditions have lost both hands or both eyes shall be entitled⁴ to a pension of twenty-five dollars per month.

This act assured a person who had lost both eyes in the military service a pension of at least twenty-five dollars a month, regardless of his military rank. By the previous act of 1862 only a person with the rank of major or higher,

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3. Congressional Globe, 37th Congress, Second Session, 1862, appendix: Laws of the United States, Chapter CLXVI, p.405.
 4. Congressional Globe, 38th Congress, First Session, 1864, appendix: Laws of the United States, Chapter CCXLVII, p.260.

if he had lost his⁴ sight in the line of duty, could have expected twenty-five dollars a month or more. The act of 1864 is of further interest⁴ in that in it the assumption was made that a person who had lost both hands or both eyes was entitled to a greater recompense than a person who had lost both feet.

On June 4, 1872 a new act superseded that of 1864. By its terms the loss of the sight of both eyes entitled a person, blinded in the line of duty for the United States, to thirty-one dollars and twenty-five cents per month.⁵

On June 18, 1874 the sum was again raised. For the loss of the sight of both eyes a person was entitled to fifty dollars per month.⁶

An act that went into effect on June 17, 1878, raised this amount to seventy-two dollars per month.⁷

At the conclusion of the Spanish-American War, the problem of pensions for disabled servicemen having been freshly raised, the amount for blindness was fixed at one hundred dollars per month.⁸

Until the entrance of the United States into World War I the act of 1904 marked the last effort of the Federal Government in behalf of the war-blind.

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5. Congressional Globe, 42nd Congress, Second Session, 1872, appendix: Laws of the United States, Chapter CCCXVII, p. 801.
 6. United States Code, 1940 edition, Title 38, paragraph 157, p. 3231.
 7. Ibid., paragraph 159.
 8. Congressional Record, 58th Congress, Second Session, Volume XXXVIII, 1904, p. 3079.

The problems of the war-blind of World War I were considered as early as October 12, 1917, when real planning action was first initiated. The Committee on Ophthalmology of the Council of National Defense called a meeting of persons who, for the most part, were interested in the welfare of the civilian blind.⁹ At this conference, called by the Surgeon General of the Army, it was suggested that rehabilitation work for the blind be started immediately in France, where special stations would be set up, and at various points of embarkation. The program conceived here included almost everything later adopted during the next seven or eight years. Omitted were the specific plans for vocational training which later proved to be the most successful and popular aspects of the training program. The preliminary rehabilitation work carried out at base hospitals showed results which more than justified the effort. So successful was this work that men who for one reason or another did not have the advantage of having received care in France by trained workers for the blind, never equalled the high morale of those whose training for adjustment to a life without sight began immediately after their injury.¹⁰

In France the blinded soldiers were first sent to special hospital centers where the surgeon in charge officially determined their classification as blind. The executive officer at the hospital was made responsible for the

9. J. Bordlay, Plans of the United States Government for Soldiers Blinded in Battle, Outlook for the Blind, Autumn, 1917, p. 54.

10. United States Surgeon General's Office, Medical Department of the United States Army in the World War, 1927, p. 175

professional care of the blind soldiers. Recreational and occupational therapy began immediately and continued until embarkation. Provision was also made for this activity to be continued on board the boat while returning to America. During this period, the blind were distributed among other medical cases in order to broaden their interests and to reduce the depression brought on by segregation among blind only.

According to original plans, the Army was to supervise the complete hospital care, training and job placement for the blind.¹¹ One or more military stations near the eastern seaboard were to be devoted completely to their care. Each would hold about two hundred men and at each in addition to medical staff, there would be a director in charge of vocational activities. Initial instruction in prevocational work would be given to adjust the men to blindness and to help develop and refine the senses other than sight upon which they would now have to rely for both vocational work and recreation. This would include swimming, bowling, boating, basketry, and music. Any additional vocational training deemed advisable by both patient and director, would be secured. Other suggestions were to have Federal Placement agents conduct industrial surveys to discover possible fields of employment for the blind. Following this, the man would be prepared for employment and placed on the job. His family would be given

11. Loc. Cit.

training to prepare it to be of most help to him, and once on the job, the War Risk Insurance Administration and the Red Cross would cooperate with the Medical Department of the Army in following up the man's progress and helping him medically, financially or in any way necessary.

The care of the blinded veterans, as it materialized, included everything in the original plan reported and much more, but it was not carried on permanently under the auspices of the Army. In fact within six or seven months most of the men who had been blinded by the time the Armistice was signed were already discharged from the Army. Before the new arrangements are described, it might be well to review the legislation affecting the blind which actually made the training and compensation possible.

The laws relating to the blind were first administered by the Bureau of War Risk Insurance of the Treasury Department and the Federal Board for Vocational Education. (By 1921 duties of both of these agencies were transferred to the newly organized Veterans' Bureau.¹² The Bureau of War Risk Insurance, established by the Military and Naval Insurance Act of October 6, 1917,¹⁴ included provisions for indemnities

12. Loc. cit.

13. Veterans Bureau, Annual Report of the Director, 1922, P. 83.

14. Public Law 20, 65th Congress, The Military and Naval Insurance Act of October 6, 1917.

for injuries and insurance. For the loss of sight the annual indemnity was a sum equal to the yearly earning; before injury, from \$1,500 to \$5,000.¹⁵ The main feature of the indemnity

was insurance without payment by the beneficiary under which an allowance of \$100 a month for life was granted in the event of loss of sight of both eyes. In addition insurance on the order of that afforded by insurance companies was up to \$10,000 in monthly rates, for total disability.¹⁶

The Vocational Rehabilitation Act of June 27, 1918, provided that the Federal Board for Vocational Education should offer training to all entitled to it by virtue of medical disabilities.¹⁷ Eligibility for training was established

by Article III (Compensation for death or disability) of the Military and Naval War Risk Insurance Act referred to above.

Any member of the Armed Forces with seriously defective vision was to receive training from the Federal Board for Vocational Education upon certification by the Army Medical Department.

While undergoing training he would receive either the compensation due him or his last monthly Army pay, whichever was greater. At first it was contemplated requiring the men to re-enlist in order to qualify for or continue vocational

training.¹⁸ In this way the men would receive only army

15. Harry Best, Blindness and The Blind in the United States, p. 636.

16. Leg. Cit.

17. Public Law 178, 65th Congress.

18. Best, op. cit., p. 636

pay during their training period. Later, however, two separate categories were planned for discharged men undergoing training. In one, (Section 3 of the Award of Training, Rehabilitation Division of the Federal Board for Vocational Education) a veteran might receive along with his compensation, the training necessary to prepare him for a new vocation. If his disability disappeared, the compensation payments would cease, but his training would still be paid for. Under Section 2, the category in which most blinded veterans were placed after their discharge, not only was compensation paid and the training provided, but maintenance while undergoing the training was also provided free.¹⁹ The direct responsibility for administration of sections of the law relating to the blind was given to the Supervisor of the Blind.²⁰

It must be realized that care for the blinded veterans of World War I was not completely provided by the early legislation. There were continual revisions not only of specific provisions, such as the raising of the compensation for the blinded to \$175 a month,²¹ but more basic changes in government and private agencies actually directing the program. Rather than trace the legislative side of these revisions at this point, the actual program as it evolved will be treated and the legislative background of the program.

19. Veterans' Bureau, Annual Report of the Director of the Veterans Bureau, 1923, p. 85.
20. Harold Wolter, The Application of the Veterans' Rehabilitation Act to the War Blinded, American Association of Workers for the Blind, Reports, June 1920, in Outlook for the Blind, Volume XIV, Number 2 (Summer 1920), p. 48.
21. G. A. Weber and L. Schecksblier, The Veterans Administration - Its History, Activities and Organization, p. 143

will be sketched in as it occurred.

The suggestion of the Surgeon General regarding the establishment of a special station for the blind on the Western Seaboard, where they would disembark, was realized when General Hospital No. 7, at Evergreen, Maryland, was established as such a center.²² The building had been loaned to the government in November, 1917, and by April 1918 it was being remodeled for use as a hospital. It had been a large private estate, beautifully situated in a spacious private park. Although during the last half of 1918 when it was opened, there were 105 enrollments at the hospital, the number soon began decreasing. At the time of the Armistice, Colonel Greenwood, Chief Ophthalmologist of the Army reported that 125 men had been blinded in battle.²³ There were various explanations for the fact that many of the blinded refused to avail themselves of the government's offer of therapy and training. Chief among these was the large compensation offered, which in many cases surpassed previous earning power. Others fell prey to the widespread belief that blind men really could do very little, and so refused to make the attempt. Still others were antagonistic towards the civilian instructors brought in by the Army to work with the men. This problem remained to plague the civilian and military personnel concerned with the work for the blind for almost a decade after the initiation of the program. During the years following the war, many veterans who had been slightly injured suffered,

22. United States Surgeon General's Office, Op. Cit., 1927, pp. 175-179

23. Letter in investigator's possession from Walter E. Baker, 11 Main Street, Farmington, Conn. to Melvin Fenson, 77 Cathedral Avenue, Winnipeg, Manitoba, Canada, dated March 15, 1946. Mr. Baker has worked as an instructor of the blind at Base Hospital 8, Savenay, France, and at the Red Cross Institute for the Blind at Evergreen, Maryland. (See appendix.)

deterioration of their sight to the point where retraining for new vocations became necessary. In hundreds of cases, resistance to training for one or more of the reasons mentioned here had to be overcome.

The chief aim of the program of General Hospital No. 7 at Evergreen, during its various administrations, was to fit its students for life. ²⁴ Although attention was paid to social adjustment, and frequent dances, parties and theatre evenings were held, ²⁵ greater interest was shown in vocational and prevocational training. The prevocational training included such activities as would train the mind, the sense of hearing and of touch -- all of which would later be used in the actual vocational training. This latter training included braille, typing and actually learning how to study, ²⁶ in addition to actual industrial or agricultural training.

During this period, the instruction at Evergreen was conducted almost completely on an individual basis -- each student was taught his particular subject privately. Many members of the teaching staff were volunteers ²⁷ while others were loaned by leading institutions for the blind.

24. Best, op. cit., p. 637

25. Red Cross Institute for the Blind, The Past Year at the R. C. I. B., Evergreen Review, June, 1920, p. 55

26. Best, op. cit., p. 637

27. United States Surgeon General's Office, op. cit., 1923, p. 555.

Two high grade instructors in mechanics studied problems of the blind with the students with an eye to developing simple contrivances which would be of help to the men in performing their various tasks.

28

The period of administration of Evergreen by the Surgeon General of the Army Medical Department cannot be said to have been completely successful. The morale of the men was low for a variety of reasons. They resented not only the civilian instructors, but also the military discipline which followed them even into the mess hall. Instructors sat at separate tables from the men. The food was prepared and served unattractively. The men lived in barren military barracks. The general air of military supervision and lack of independence elicited a reaction of noncooperation. Men came late to classes or cut them entirely. The various departments were very loosely coordinated.

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Most of all, while the men were at the Army Hospital, they drew only \$30 a month, holding up the large monthly compensation due them.

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When this condition became apparent, the Surgeon General recommended that all men in the hospital be discharged. Those in other hospitals were ordered transferred to Fort McHenry, Maryland (General Hospital No. 2). When they attained maximum physical recovery, they, too, were to be discharged.

- 28. United States Surgeon General's Office, op. cit., 1927, p. 176
- 29. United States Surgeon General's Office, op. cit., 1927, p. 176
- 30. Red Cross Institute for the Blind, The Change from the U. S. Army Hospital 7 to the Red Cross Institute for the Blind, Evergreen Review, June 1919, p. 43.

It was further recommended that General Hospital No. 7 be taken over and administered jointly by the Federal Board for Vocational Education and the R^d Cross,³¹ and that military supervision in the future, extend only to maintenance of order and discipline, and protection of property.

Just at the time that the Army Administration of the hospital, henceforth officially to be known as Evergreen, ended, the new administrating agency, the Federal Board for Vocational Education, came in for a great deal of criticism. The criticism, which resulted in a Congressional investigation, started when a newspaperman named Littledale on the New York Evening Post claimed that the following order was issued by W. H. Lankin, in charge of the head office of the board, to district offices: "The organs used in approving cases are the eyes and brain....ears and heart do not function....be hardboiled.....take all the cigarettes you can get from members of the district offices, but no advice."³² In a series of articles, Littledale accused the board of gross mismanagement, inexcusable delays, lack of sympathy, negligible results and of offering unsuitable training. Many of the charges were substantiated and an indirect result, which materialized after Warren G. Harding assumed office, was the creation of a Veterans' Bureau to assume complete responsibility

31. United States Surgeon General's Office, op. cit., 1927 p. 179.

32. Weber and Scheckebler, op. cit., p. 111.

from the Federal Board for Vocational Education, the Bureau of War Risk Insurance, and the Public Health Service and Army Medical Department for veterans' affairs. A more
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 immediate result of this investigation in 1919 was the adoption of the recommendation that all those who had suffered a 10% (or more) disability be entitled to free training and maintenance in addition to any compensation they were already receiving. This meant, as far as the blind were concerned, that any degrees of loss of sight beyond 10% now entitled the veteran to section two training, as previously explained.

Because of the criticism which the Federal Board was subject to, it actually never assumed direction of Evergreen. On June 1, 1919, the Hospital opened under the Direction of the Red Cross as the Red Cross Institute for the Blind, and remained under that administration until the Veterans' Bureau took over on January 1, 1922. The Federal Board still had all eligibility and compensation questions under its control, and actually maintained an office at Evergreen. During the first year of the new arrangement, a conference of Federal Board staff and the RCIB Staff was called to work
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 out problems which they faced together. But to all intents and purposes, the direction and supervision of the school, formulation of courses, decisions as to kind^b of training,

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33. 66th Congress, Second Session, House Education Committee Hearings, March 2 - 15, 1920, p. 1049, Charges against the Federal Board for Vocational Education.
34. Red Cross Institute for the Blind, The Past Year at the Red Cross Institute for the Blind. Evergreen Review, June 1920, p. 55.

institution of recreational programs and initiation of industrial research projects - all were completely under the control of the Red Cross. The funds necessary to effect the physical changes and finance the whole revised venture totalled \$1,000,000³⁵ and came from the Permanent Blind Relief Fund,³⁶ a privately established fund, the Federal Government and the American Red Cross.

The Red Cross set to work to discover the capabilities of the blind with regard to certain industries and published some interesting studies in this field, studies which ultimately affected the nature of the courses offered at the Institute. Expert industrial engineers were employed³⁷ to find out in what industry the blind could work. Among the studies published were some on the rehabilitation of war-blinded soldiers in France and in Italy, and one on the relation of industry to special employment provisions for the blind.³⁸

To improve the quality of instruction, the Red Cross added to the salaries of trained teachers so that those who could not work at government scale salaries might be retained. In addition, more volunteer workers were secured so that in Braille, typing and manual training, each student might have individual instruction.³⁹ However, individual instruction

35. Best, op. cit., p. 636

36. New York Times, December 5, 1920, Section II, p. 22, Column 8.

37. United States Surgeon General's Office, op. cit., 1923, p. 555.

38. Red Cross Institute for the Blind Publications, Evergreen, Series I, No. 2, 1 No. 4 and 1 No. 3 respectively,

39. United States Surgeon General's Office, op. cit., 1923, p. 555.

was not the rule as it had been when the institute was under the jurisdiction of the Surgeon General. It was found, for example, that far better results could be achieved in arithmetic through group work in classes, than by the previous tutor-pupil method.

The arrangement of courses and their content had undergone considerable change. Now courses were continuous, and although there was much class work, individual rather than group needs were kept in mind.⁴⁰ Anyone could start the course at any time. The basic goals had not changed and still remained primarily the fitting of the student for life as a useful and happy citizen, mainly by equipping him for a vocation. Of secondary importance was the avocational part of the program - the social and recreational activities, the daily newspaper readings, the musical program and literature reading.

The academic department of the institute gave courses in typing, braille, business correspondence, commercial arithmetic, English and spelling. These were felt to be important in equipping the student to prosecute almost any other work he would undertake. The difficulty of administering these courses to a group of men with varied backgrounds, in many instances, confirmed the wisdom of the earlier administration in emphasizing the value of a tutorial system. In addition to these basic courses, there were

40. United States Surgeon General's Office, op. cit., 1927, p. 177.

available electives in American history, civics and literature. For those who chose to become masseurs, courses in anatomy, the academic background subject, were made available.

The second division of the curriculum was the commercial. Here courses in store merchandising, record keeping, commercial and business law and store practice were given. The latter was taken at the Model Red Cross Stores near the Institute, at Ferryville, Maryland.

The third division, the industrial department, was really the most important from the point of view of the primary purpose of the school - to equip the men with a vocation so that they could lead normal lives. The three points guiding the faculty in the selection of a vocation for an individual student were 1. personal preference (with regard to limitations for the blind) 2. the possibility of fair remuneration as a worker 3. the possibility of establishing a business in the field with a small amount of capital. As far as possible, courses in the industrial division were aimed at both outlets - trade and small business allowing for differences in character and temperament of the men. Some would prefer holding a good job while others would prefer running their own business. It was not merely the possibilities of greater financial reward that made men choose to go into business. Often it was just the comfort and

41. Red Cross Institute for the Blind. Evergreen Review, Volume 1, No. 8, August 1920, pp. 67-71

convenience of working independently that attracted them. Many, for example, preferred operating a cigar or newspaper stand for this reason, not for any large expected income.

In addition, the fact that by 1919 blinded veterans had an assured income of \$1900 a year gave them a feeling of independence and led them more readily to think of investing their savings in a business. At the same time, unfortunately, this \$1900 was a bar to success with many others. Many who had never earned such an annual wage before being blinded felt very well satisfied with this pension and had no desire to attend school voluntarily for a year or longer.

Among the many vocations that the men were prepared for and successfully engaged in were tire vulcanizing, chicken raising, insurance selling, auto-re air management, machine shop operation, cigar manufacture and selling, garage⁴² management, massage, store keeping, piano tuning, salesmanship, typing and stenography, vocal and instrumental⁴³ music, and dairying.

There was no general instructional technique for such a wide selection of vocations. Those taking massage training, for example, were given instruction in the Orthopedic Clinic of John Hopkins Hospital in Baltimore. Others intending to supplement their income by selling insurance, were given a series of lectures by Bertram Day, President of the Crescent

42. loc. cit.

43. Veterans' Bureau, Annual Report of the Director of the Veterans' Bureau. 1923, pp. 305-307

Insurance Company. Still others training for cigar manufacture actually manufactured "Our Buddy" cigars at the institute and their fellow students studying cigar and candy store management sold these cigars at the Model Red Cross Store. The future poultryman received practical training at the institute in stock selection, in use of various types of brooders, and in other essential operations. ⁴⁴

The Evergreen Review, a publication covering the life at Evergreen Red Cross Institute for the Blind, and following up the careers of successful graduates, testifies amply to the success of the courses and the capabilities of the graduates. One, Curtis S. Williams, was reported to have become the chief assistant to the Cincinnati Community Sing leader. Two others joined the Baltimore Musicians Union and performed successfully as drummers. F. Raymond Pyle, a successful dictaphone operator, wrote cheerful letters about his happy marriage and urged others to follow suit. Chicken farmers, tire vulcanizers and dozens of others wrote in showing the successful adjustment they had made with the help of the school. ⁴⁵

Among the exceptional services offered graduates in need of help was financial aid. The Federal Board for Vocational Education paid the \$1500 salary of a drug clerk for a blinded, handless graduate who went into the drug business. There were many other cases where blind storekeepers were given salaried assistants to help them for a

⁴⁴. Loc. Cit.

⁴⁵. Red Cross Institute for the Blind, Evergreen Review May, June, August, Volume I, Nos. 5, 6 and 7, 1920.

definite period. Often part of the initial investment required to open a store was paid by the board. Equally Valuable in many cases was aid in other than financial forms. In one case a graduate who decided to go into his father's business was helped by regular visits of a blind welfare worker, an agent of the Federal Board for Vocational Education who lived in the man's home town. The purpose of these visits was to assist him in social rehabilitation to a sight world.

The difficulties and expenses entailed in equipping shops for the various trades taught at the Red Cross Institute for the Blind had led some of the staff to question the wisdom of such action. Would not training on the job have proven equally instructive and far more economical, they asked, Nevertheless, most of the vocational training was given right at the Institute.

Some changes occurred in courses offered even during the Red Cross administration. Changes in economic conditions made certain of these necessary. At the beginning, the most popular and most publicized course was tire vulcanizing. By the year 1921, tires again became plentiful, their prices fell, and the repairing of tires ceased to be profitable. The course was discontinued. In 1923 the course in massage was discontinued because there were not sufficient students with the educational background to absorb the anatomical knowledge necessary. Cigar making was also discontinued because it turned out to be unprofitable. All these experiences show how⁴⁶ basically experimental was the work at Evergreen.

In addition to providing courses, training, and care for the blind men, the Red Cross Institute for the Blind actually trained the men's families to be of help to them. At Evergreen there were special quarters for married men. The wives were welcome to live there with their husbands in the special barracks known as the "Double Decker" or "Love Nest," and in cases where injuries in addition to blindness made it impossible for the men to work, their wives were taught vocations. Besides wives, other close relatives were invited to stay at special cottages free, while either visiting or actually taking courses that would help both them and the blind men once they returned home. Every family was encouraged to have at least one member learn to read and write braille, for example.⁴⁷

All who expressed their opinion of the work at the Red Cross Institute for the Blind, commented on the tremendous improvement in general atmosphere and in men's morale incident upon the change from the military administration. Special men's evenings when students and teachers met to discuss current events, daily teas and frequent entertainments, together with the improvement and enlargement of the curriculum probably accounted for the large increase from the thirty remaining students before the Red Cross took over to 104 during the first year of its administration.⁴⁸ Typical comments of students were: "At Evergreen my first ray of hope came with the information that the blind men were going to school.... I now feel that I have a definite work to do in the world.

47. United States Surgeon General's Office, op. cit., 1927 p. 555.

48. Red Cross Institute for the Blind, Evergreen Review, June, 1920, p. 55

and am happy ⁴ trying to do it." ⁴⁹ Another speaks of the fact that he learned how blindness alone was no handicap to success. A third emphasizes the spirit of confidence, the ⁵⁰ come-back spirit acquired. This last comment came from one of the seven or eight civilians who were trained at Evergreen in a desire to give a few civilians an opportunity which normally they could never afford, nor any institution arrange to provide.

An ultimate result of the investigation into the inefficiencies of the Federal Board for Vocational Education with especial regard to its handling of veterans' affairs, was the establishment of the Veterans' Bureau, on August 9, 1921. ⁵¹ The duties and functions of the Director of War Risk Insurance, Treasury Department, and the duties and functions of the Federal Board for Vocational Education were transferred to the Veterans' Bureau. Beneficiaries of the two older agencies were henceforth to be beneficiaries of the new bureau. Fourteen district offices, and 140 sub-offices were established, and a total of \$65,000,000 was appropriated for the first year's work. It actually was not until 1926, when the Red Cross Institute, or to be more exact, its successor, had already been closed for a year, that a special division for the blind was established in the Veterans' Bureau. Until

49. T. J. Gercoran, What Evergreen Has Meant to Me - from the point of view of a blind soldier, Outlook for the Blind, Autumn, 1922, p. 76

50. L. J. Cummings, What Evergreen Has Meant to Me - from the point of view of a blind civilian, Outlook for the Blind, Autumn, 1922, (Mr. Cummings, upon graduation became a field worker for the blind, employed by the Veterans' Bureau.)

51. Public Law 47, 67th Congress

that time, however, the work continued much along the lines established by the combined Red Cross - Federal Board administration.

In 1921, after two years joint direction with the Federal Board, the Red Cross began directing the school under contract with the Veterans' Bureau. One year later, the Veterans' Bureau itself assumed complete direction of the school, changing the name to the Evergreen School for the Blind, and continuing to direct it for the final two years of its existence until May 1, 1925, when need for it was no longer felt.

One innovation introduced by the new administration was use of graduates as field workers. These people, were sent into the field to cover a Veterans' Bureau District and to give vocational advisement to the blind.

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It was felt that the men could profit most by advisement from men who understood their problems through similar personal experience, and this feeling was completely justified by the successful work done by the blind field workers.

At the institute itself, care was taken not to let the new change in administration make itself felt in the operations of the curriculum. The work was not interrupted, and except for changes which would have occurred in the natural course of events, such as the increasing importance of poultry raising

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52. A Report on Work Done for the War-Blinded by the United States Veterans' Bureau, Outlook for the Blind, Volume 15-16, 1921-23, p. 51.
53. L. J. Cummings, The Blind Leading the Blind, Outlook for the Blind, Volume 19, No. 1, p. 13.

and commercial basketry as possible vocations, the old curriculum continued. At this period there were men who successfully prepared themselves to teach, practice law and osteopathy, but these were individual cases and by no means the norm.

By 1925, the Veterans' Bureau planned to close Evergreen because all those who needed rehabilitation or were willing to undertake the course, had been reeducated.⁵⁴ Following the closing of the school, some further plans were considered, but they never materialized.

To forestall the impression that every veteran with deteriorated vision was trained and rehabilitated at Evergreen, it might be well to examine briefly the statistics available on the World War I Blind.

The first fact that must be taken into account is that all post-hospital care was voluntary, and men were free to enter Evergreen or not, as they, or often, their families decided. In some cases blindness was complicated by tuberculosis, paralysis, deafness or other disabilities, making it either impossible or undesirable for the man to train at Evergreen. About 50% of the blinded had a poor educational background, were illiterate, or mentally retarded. All of these factors made the taking of the course inadvisable. Several others had passed through a period of misadvisement which made them anything but receptive to plans for entering Evergreen, while others were admired, pitied and wept over to such a degree that they succumbed to the pampering influence

⁵⁴ Veterans' Bureau, Annual Report of the Director of the

of family members who wanted to keep them at home and care for them. Others deferred and even completely renounced training in their pre-occupation with what was usually a futile attempt to discover some possible cure for their blindness. Finally, there were many who did take training, but only because their eyesight had gradually deteriorated, perhaps through no service origin, to the point where they visited the Veterans' Bureau to put in a claim for compensation - at which time an agent told them of the training they were entitled to.

The actual figures are difficult to ascertain. Walter F. Baker, who has worked in government agencies for the blind since before the First World War, estimated the total number to have been over a thousand, with nearly 600 being cared for by the Veterans Administration in homes and hospitals today.

The figure given at the time of the signing of the Armistice is 125, with the Chief Ophthalmologist of the Army as the source. By 1920, the American Association of Instructors of the Blind reported that 277 men had been⁵⁵ blinded as a result of the war. In 1922, a qualified observer estimated the number of blinded veterans to have⁵⁶ been between 800 and 900. The observer was Carl J. Bronner, one of the most distinguished graduates of Evergreen.

The 1923 Annual Report of the Director of the Veterans' Bureau lists 974 blinded veterans as having registered with

55. Molter, op. cit., p. 47

56. 68th Congress, 1st Session, Hearings before the House Judiciary Committee on a bill to incorporate the Blind Veterans of the World War.

the bureau since its opening. Of these 682 required special training to prepare themselves for a vocation, and 373 had undertaken the training by that time.

The following year's report lists 801 new cases, for the most part, of men whose vision had seriously deteriorated in the past year to the point where they could be classified blind. Only 254 of these men undertook training, and only 46 of the 254 took the full course at Evergreen. Others took part time training at institutions, or had placement or project training arranged for them by the bureau.⁵⁷

Although Evergreen accommodated about 100 men at a time for over six years, and educated the majority of these eligible for training, other institutions also cared for blinded veterans. The Maryland Workshop for the Blind, and the School for Colored Deaf and Blind at Austin, Texas, cared for blinded negro veterans.⁵⁸

In June, 1922 alone, there were 85 men taking full training at Evergreen, and 204 others taking training at other institutions, on the job or on special projects.⁵⁹ It is of course understood, that the majority of those with seriously impaired vision were taking the Evergreen course. Because of this, the work undertaken by the government for the World War I blinded veterans has become closely identified with the work at Evergreen.

57. Veterans' Bureau, Annual Report of the Director of the Veterans Bureau, 1924, p. 280.
 58. Veterans' Bureau, Annual Report of the Director of the Veterans' Bureau, 1923, p. 305.
 59. Ibid., p. 303.

One of the most obvious faults of the World War I program for the war-blind lay in the failure to maintain follow-up records of individual blind veterans. Consequently, it has been impossible, except in some isolated cases, to state accurately the results of the program.

The program in behalf of the war-blind of World War I was in some instances poorly directed and wasteful of money and the time of the men whose rehabilitation was sought. It must be acknowledged, however, that on the whole a good job was done, considering that this was the first program of its kind in the United States. Glib adverse criticisms in light of later developments in work with the war-blind may be easily pronounced, but such pronouncements are unsound in that they are made in disregard of historical trends. Consequently, the judgment is made that through the operation of the program much was learned by those engaged in carrying it out and that a considerable amount of benefit accrued to the war-blind.

PART III

THE EFFORTS OF THE FEDERAL GOVERNMENT IN BEHALF OF THE WAR-BLIND OF WORLD WAR II

CHAPTER IV

THE ARMY PROGRAM

The present American program for the war-blind is actually composed of three programs. The Army and Navy each sponsor a program, and so does the Veterans Administration. Profiting by the experience of World War I, it was deemed necessary to make the initial stages of rehabilitation compulsory. Under the programs of the Army and Navy, disabled men (still in uniform) are ordered to learn to adjust themselves as much as possible to their new conditions. Not until they have at least been exposed to the required training, are disabled men eligible for discharge from the Army and Navy. As civilians they become the charges of the Veterans Administration, which attempts to complete their rehabilitation.

It is difficult to estimate the number of war-blind who are served, or who will be served, by this over-all program. In August, 1946, the Veterans Administration listed one thousand blind veterans under its program. At the time, it was also stated that about four hundred more of the war-blind were still in the Army and Navy. Therefore, an approximate number of fourteen hundred Americans were blinded in World War II. An estimate must suffice for the time being, because no official figures as to the number of those blinded have been released.

On the basis of experience of World War I, it is generally believed by those acquainted with the problem of the

war-blind, that the number of war-blind estimated at present will be doubled or trebled within several years. Delayed service-incurred causes of blindness will be responsible.

A description of the development and functioning of the present over-all American program, regardless of how small or great is the number of the war-blind, may be made clearly, when each of the three programs, which go to make it up, is described separately. In order to begin these descriptions, attention is first directed to the Army program.

Blindness is defined by the Army as visual acuity of 20/200 or less according to the Snellen chart, in the better¹ eye with the use of corrective lenses.

About sixty percent of the blindness at Valley Forge General Hospital was caused by trauma, carrying with it such complications as hemorrhages into the vitreous, retinal detachments, cataracts and retention of foreign substances by the eye. In cases of vitreous disturbance, Cutler at Dibble General Hospital, pioneered in transplanting vitreous from unaffected eyes as is done with corneal transplants.

Methyl alcohol (a teaspoonful of which will usually blind a person and an ounce kill him) encountered in poisonous liquor was also a cause of blindness, as was the nutritional disturbance resulting from a deficiency of the thiamin component of Vitamin B. Syphilis, sinus infections throwing off toxins affecting the optic nerve, Eale's disease, retinitis pigmentosa -- hereditary and appearing often in men

1. Charles C. Hillman, The Army Program for the Blind and Deafened, Archives of Physical Therapy, Volume XXV, Number 8, August 1944, p. 478.

in their twenties and thirties -- and glaucoma were other important causes of blindness.

In some cases the eyes were normal, but the occipital lobes of the brain, centers of visual interpretation, were destroyed. In other cases the nerves controlling the muscles of the eye were damaged affecting efficiency in seeing.²

About one thousand men were blinded while serving in the Army during World War II. The manner in which sight was lost, and the degree of the resultant blindness varied widely among these men, but all of them had a certain background in common; namely youth, the fact that they were recently blinded, and that before injury they were in good health. Inasmuch as most of these cases resulted from the explosion of land mines and booby traps, some of these men were additionally handicapped.³ But to all of its soldier victims, sudden blindness presented the grave problem of a questionable future in civilian life. Would they be able to hold a job and thereby make a living, marry, and support a family? Would their relationships with family, friends, and the world as a whole be radically altered? In short, what effect would blindness have on the normal return to civilian life that the soldier had been looking forward to for so long?

The Army, having assumed much of the responsibility of preparing these men for civilian life, not only convinces them that they are capable of making a normal adjustment,

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2. Paul Lambrecht, Lecture before Orientation Counselors of the Blind of the Veterans Administration, August 8, 1946, at Valley Forge General Hospital.
 3. Gabriel Farrell; Help for the Blinded Soldier, Hygeia, Volume 22, Number 4, April 1944, p. 317.

but also provides them with the tools and instruction for securing that objective.

The present Army program for rehabilitating the war blind began in 1943, with the realization that "the particular emotional problems of newly blinded and their need for assistance in learning how to live without sight, create a need for specialized rehabilitation."⁴

Accordingly, on May 28, 1943, two hospitals, the Valley Forge General at Phoenixville, Pennsylvania, and the Letterman General at San Francisco, California, were designated as centers of rehabilitation for the blind. (On August 25, 1944, Dibble General Hospital at Menlo Park, California, replaced the Letterman General Hospital.)⁵

The subsequent transfer of all blinded patients in Army hospitals to these newly designated centers insured that the retraining of blind soldiers would not be attendant upon their discharge. It made possible a beginning toward social adjustment concurrently with surgical and medical treatment. At the same time it was understood that only fundamental retraining was to be attempted at these hospitals, the Veterans Administration being left with the greater part of the task.⁶

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4. The Office of the Surgeon General, War Department, Washington, D. C., the Directives Covering the Rehabilitation Program for the Blind in the United States Army, Outlook for the Blind and The Teachers Forum, Volume 38, Number 7, September 1943, p. 191.
 5. Loc. Cit.
 6. Walter E. Barton, Program for the Care of the Blind in World War II in Army Hospitals, Proceedings of the Twentieth Biennial Convention of the American Association of Workers for the Blind, July 1943, p. 42.

With the opening, on June 14, 1944, of the Old Farms Convalescent Hospital at Avon, Connecticut, the Army increased the scope of its rehabilitation program, by giving the blind soldier further training in social adjustment plus a basis for future vocational rehabilitation. "Old Farms Convalescent Hospital was established as a result of a determination by the President of the United States and the Surgeon General of the Army, that at the conclusion of World War II, non blinded while in the Army would not be turned back to civilian life with the handicaps of improper preparation and inadequate training."⁷

To insure that all blinded soldiers would profit from this opportunity, the Army made it mandatory for all its war-blind⁸ to attend Old Farms for the required time before discharge.

In attempting to prepare the blind soldier for a new way of life, the Army program recognized that in addition to rendering the best in modern surgical and medical treatment, it had to aid him in making a satisfactory adjustment to his blindness. At the same time it had to help him attain that independence which is so essential if he, himself, was to perform his daily, routine tasks. The confidence he gains from realizing this measure of self-sufficiency, declares Jameson, is of paramount importance in his psychological

7. William A. Jameson, Jr., Old Farms Convalescent Hospital Where Blinded Soldiers "Come Back"! Outlook for the Blind and the Teachers Forum, Volume 38, Number 10, December, 1944, p. 271.
8. Outlook for the Blind and the Teachers Forum, Volume 38, Number 5, May 1944, p. 124 (an announcement).

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adjustment.

The program gives him a method of choice for a future vocation based on his aptitudes and interests and prepares him for the specific vocational training to follow. This training
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is the responsibility of the Veterans Administration.

It was also hoped in the Army that the opportunity afforded by observation of such a large group of blind people, would be of some aid in answering problems concerning the blind in general. With this as a goal, it encouraged the
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keeping of adequate records on each patient.

In the following paragraphs, an attempt will be made to examine the working details of the Army program, from the time of the patient's arrival at a hospital until his discharge from the service. The objectives and the methods of achieving these objectives in each phase of training will be considered.

First, then, the work at the hospitals will be considered.

A young man, in the prime of life, suddenly and violently deprived of his sight, may readily succumb to despair. To prevent such despair from so gravely affecting the patient's personality as to frustrate any future attempts at rehabilitation, the Army tries to build in the patient hope and courage at the earliest possible opportunity. Therefore, the blinded soldier is visited by a consultant at the first hospital to which he is sent. It is the duty of this consultant, himself a well-adjusted blind man, not only to provide psychological

9. Jameson, op. cit., p. 272.

10. Hillman, op. cit., p. 480

11. The Office of the Surgeon General, op. cit., p. 195

support, but also to arrange a temporary training program for the patient. He also counsels ward and medical personnel on the handling of the case until the patient can be transferred to one of the two hospital centers for the blind.

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Upon arrival at one of these two Army hospitals where medical and surgical care will be completed, and where the psychological and physical adjustment to blindness will be begun, the patient receives a complete medical examination on the basis of which he is informed of his prospects. The sooner the true severity of the disability is faced, states Greear, the sooner can the patient begin to adjust to it.

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In regard to this emotional adjustment, Cutler says, "The reaction to this varies; some are depressed, some are matter-of-fact. Others do not quite accept it, and insist on holding out for a miracle. With those patients who already know they are blind before arrival, some may have a feeling of depression, occasionally of hopelessness, sometimes of euphoria."

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Many blind patients are further handicapped by the loss

12. Ibid., p. 192

Barton, op. cit., p. 52

Hillman, op. cit., p. 479

13. James N. Greear, Jr., Rehabilitation of the War-Blinded Soldiers, Outlook for the Blind and the Teachers Forum, Volume 38, Number 5, May 1944, p. 121.
 N. L. Cutler, The First Year of the Blind Rehabilitation Program at Dibble General Hospital, Outlook for the Blind and the Teachers Forum, Volume 40, Number 2, February 1946, pp. 31-32.

14. N. L. Cutler, The First Year of the Blind Rehabilitation Program at Dibble General Hospital, Outlook for the Blind and the Teachers Forum, Volume 40, Number 2, February 1946, p. 32.

of one or more limbs, parts of hands, severe brain injuries,
badly scarred and mangled features, temporary disuse of limbs,
loss of sense of smell and seriously defective hearing.¹⁵ In
this connection Cutler claims, that "Multiple injuries per
se...have not made psychological adjustment more difficult."¹⁶

The degree of blindness is in some cases total and in
others reasonably useful for traveling.¹⁷ Cutler states,
"It has been observed that, in general, if a person is
completely and hopelessly blind, he adjusts quicker than one
who has some sight."¹⁸

Cutler also notes that, "The soldier who has lost his
sight in combat adjusts better than one who has lost his
sight through an accident or through his own carelessness."¹⁹

There is of course a great variation in environment,
education, and intellect among these men.²⁰ According to
Cutler, "The ability to adjust does not appear to be related
to intellect or background."²¹

Physical adjustment to the necessary activities of life
is begun as soon as possible. One of the most important
phases of orientation is learning to travel or get about

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15. Rosalie R. Cohen, Rehabilitation Aide Tells of Work at Valley Forge (letter), Outlook for the Blind and The Teachers Forum, Volume 40, Number 1, January 1946, p. 22.
 16. Cutler, op. cit., p. 32
 17. Cohen, op. cit., p. 22
 18. Cutler, op. cit., p. 32
 19. Loc. cit.
 20. Cohen, op. cit., p. 22
 21. Cutler, op. cit., p. 32

alone. (This is now technically referred to as foot travel.) At Valley Forge General Hospital blinded soldiers first learn to locate their beds and lockers and then to find their ways in the wards by following a rubber floor mat with their feet. They are instructed to keep to the right and to use their arms, held parallel to the floor before them, as bumpers. Following this instruction the men learn to get about the hospital with the protection of a cane held so that it crosses the front of the body with its tip almost touching the floor. The crook or handle faces outward, and the hand grips the cane on the side nearest the body, allowing the crook to protect the knuckles of the hand. Following "Hospital travel" the men are taught to get about Phoenixville, "downtown travel." For this purpose, a cane technique developed at Valley Forge General Hospital, (a remarkable and almost foolproof method of using a cane, especially of great value to blind persons beginning to travel), is employed, calling for the rhythmic swinging of the cane in front of the foot moving forward. The cane used is long enough to tell the blind person of obstacles, kerbs and holes in
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sufficient time to allow him to avoid them.

In "advanced travel," the patient must compensate for his loss of sight by developing the ability to interpret sounds, a sensitivity to changes in air currents and temperatures, a fine sense of balance, and a large number of less definite techniques. The individual ability to travel well, like individual abilities of any sort, varies greatly, confidence playing a major role.

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22. The investigator's observation and experience of this phase of orientation at Valley Forge General Hospital, July 29 - August 10, 1946.

Those patients who show some facility are given further training²³
in foot travel at the hospital.

The use of guide dogs as aids during preliminary training is deemed inadvisable, not only because their presence is impractical in a hospital, but also because it is imperative that the patient first develop the ability to get about with the minimum of assistance. No decision is made on guide dogs until it has been determined that the patient has a definite need for such an aid and that the vocation he has chosen to follow in civilian life permits such an encumbrance. The patients are familiarized, however, with the advantages and²⁴
disadvantages of a guide dog.

A second step in orientation involves learning to use the tools and methods of the blind, namely braille, braille watches, scriptboard, touch system in typing, and the Talking Book.²⁵
About 80% of the trainees learn to type, and about 35% learn braille, largely Grade I, at Valley Forge General²⁶
Hospital.

Another step in orientation, and one involving social adjustments, is the prevention of those habits, such as the expressionless face, sloppy dress, flat voice, shuffling gait,

23. Cutler, op. cit., p. 32

24. Loc. Cit.

25. The Office of the Surgeon General, op. cit., p. 192

26. Cohen, op. cit., p. 23.

Paul Conlan, Lecture before Orientation Counselors of the Veterans Administration at Valley Forge General Hospital, July 29, 1946.

and indiscriminate cane-tapping, known as blindisms, which instantly mark and set apart the blind man who is a slave to them.²⁷

Recreation is an important part of the orientation program, for by engaging successfully in swimming, fishing, skating, dancing, and similar activities, and by enjoying the radio, phonograph and Talking Book, the blind patient not only fills his leisure time, but learns to appreciate the fact that mentally he is not blind, and that many activities are still open to him.²⁸ At Valley Forge General Hospital, horseback-riding, tandem-bicycle riding, bowling, and modified golf were also introduced.

At both Valley Forge and Dibble General Hospitals, occupational therapy shops have been set up. The men engage in such work as weaving, ceramics, and leatherwork, all of which are helpful in teaching them to use their fingers.²⁹

At both hospitals, blind patients, at the beginning of their stay, are segregated in wards and experience has shown that newer arrivals are helped and encouraged by the examples set by the more advanced patients.³⁰ Later on in the adjustment process, association with sighted patients is deemed advantageous.³¹ Throughout the hospital period, it is important that there be a close relationship between the

27. Cutler, op. cit., p. 33

28. Loc. Cit.

29. Greearm op. cit., p. 122....Cutler, op. cit., p. 33

30. Loc. Cit.

Cohen, op. cit., p. 23

31. Cutler, op. cit., p. 33

patient and his instructors, points out Greear, so that the letter can gain the confidence of those whose problems they seek to understand.³² If, in the hospital phase of training, the patient is able to accept his disability, if he can maintain his sense of humor, and if he is learning how to overcome the mechanical handicaps of blindness, then, Cutler claims, he is well on his way towards making a good adjustment to his handicap.³³

When the patient has received the maximum medical benefit obtainable at the General Hospital, he is transferred to the Army's special training center at Avon, Connecticut, where an intensive program in social adjustment awaits him.

This program, which constitutes the last phase of his Army career, attempts "...to prepare the blind soldier for homegoing, equipped with a sensible plan for employment or continued training, a knowledge of his own interests and abilities, and a readiness to fit with self-reliance into his community, be useful, and enjoy life."³⁴ The key to such a future lies in self-confidence. With this in mind, the work at Old Farms is designed to offer the trainee practical experience in a wide variety of tasks, the performance of which builds in him a soundly-rooted self-confidence.³⁵

32. Greear, op. cit., p. 123

33. Cutler, op. cit., p. 33

34. Old Farms Convalescent Hospital (SP), "Social Adjustment Program, June 1945, p. 1. (See Appendix)

35. Jameson, op. cit., p. 272

At the same time, this program instructs the trainee in basic skills and familiarizes him with a great many lines of endeavor, from which he determines his interests and abilities.

The Army has set up certain standards of social adjustment by which it judges the trainee's achievements. The general standards have been satisfied if, during the stay at Old Farms, the trainee has:

1. Satisfactorily fitted into the community life and appears capable of assuming his normal social obligations.
2. Developed a reasonable insight into his limitations and capacities and has achieved a satisfactory emotional adjustment toward his handicaps.
3. Demonstrated the ability, based on his adjustment here, to reassume his civilian obligations.

The specific standards include:

1. Satisfactory completion of a specified number of courses. Specific levels of achievement for each course have been established.
2. Attainment of sufficient spatial and personal orientation to be relatively independent. This is appraised by special tests.
3. Participation in social activities and demonstration of the ability to work and get along with others and in organized group activities. Reports are available on trainees' participation in social activities.
4. Development of a responsible attitude toward the future with some formulation of organized plan or goal within the individual's capacities.
5. Attainment of social consciousness and responsibility

as expressed by willingness to cooperate, to conform, and to assume responsibility.

6. Proof of satisfactory control over unwholesome attitudes and habits such as alcoholism.³⁶

The length of the training period at Old Farms is seventeen and a half weeks, but there is an accelerated program of thirteen weeks, and an extended use of twenty-two weeks for those trainees whose abilities or lack of abilities warrant them. At any rate, no soldier is kept at Old Farms after he has made the best adjustment deemed possible in his particular case.³⁷

The seventeen and a half weeks training period at Old Farms is divided into four phases. The first of these attempts to restore the trainee's confidence in his ability to care for his essential needs. The second phase provides an introduction to various types of work open to the blind. The third involves specialization in desired courses, and the last phase gives the trainee opportunity to work at some job in a nearby plant or factory.³⁸

The initial week and a half of training is devoted to orientation. This includes instruction in self-care and learning to travel unaided both inside and outside the grounds. To enable him to form a clear picture of his surroundings, the

36. Old Farms Convalescent Hospital (SP), op. cit., pp. 1-2

37. Ibid., p. 2

38. Jameson, op. cit., pp. 272-274.

Stanley B. Weld, Old Farms Convalescent Hospital for the Blind Soldier, Connecticut State Medical Journal, Volume VIII, Number 12, December 1944, p. 876.

trainee studies models of the grounds, and is conducted by an orientor to all the buildings via the various paths.

When he is able to get about the four buildings and grounds he has made no small achievement, for Old Farms Convalescent Hospital, formerly a preparatory school, forms a good substitute for an obstacle course. The ceilings are of various heights, none of them very high; the stairways are winding and uneven, and the floors are uneven too. Small windows admit little light, making it difficult for those with travel vision.

To give him the opportunity of facing such problems as he is likely to encounter when using the existing modes of travel, the trainee is taken to nearby Hartford where he learns how to get on and off buses, and familiarizes himself with the location of coin boxes, seats, baggage racks, and station lavatories. This experience is instrumental in building up the soldier's confidence in his ability to travel alone.

During this stage of training, the soldier also attends the testing clinic where, on the basis of interests, personality, aptitude, and previous experience, alternative occupations are indicated for him by counselors.

At this point, he is also interviewed by a representative of the Veterans Administration, who explains to him that when the work at Old Farms is over, the Veterans Administration will

39. Jameson, op. cit., pp. 272-273

40. Stephen Habbe, The Blind Can Help Themselves, Hygeia, November 1945, p. 848

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continue with further vocational training and job placement.

In the phase that follows, the trainee begins work in a wide variety of courses, some of which are likely to appeal to his personality. Courses of instruction are offered in academic and professional fields, music, manual and mechanical skills, business, agriculture, and physical reconditioning. The type of work done is exemplified by the field of manual and mechanical skills, where courses are available in garage service, machine shop, industrial skills, piano tuning, printing, radio repair, and woodworking among others. Similarly, some of the business courses offered are retail business, business methods
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and salesmanship.

Aside from physical reconditioning, which is mandatory, the trainee is free to choose from this diversity of subjects, provided he makes up a full program. Most of the courses given are of four week duration, but a few last eight weeks. Sixty-four minute classes are held daily except on Wednesday and Saturday, which are half days for instruction, and of
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course Sunday.

In the third phase of work, the men specialize in those courses which they found of most value and interest, and in addition are given jobs such as the placing of bobby pins on cards, and spark plug assembly, which are sent in by outside
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concerns.

In the last phase of work at Old Farms, the trainee is

41. Jameson, op. cit., p. 273

42. Old Farms Convalescent Hospital (SF), op. cit., pp. 2-5

43. Ibid., p. 4

44. Weld, op. cit., p. 876.

placed, for four or more weeks, at a job in a nearby plant. He is taken to work every morning, works a full day next to sighted people, draws a regular paycheck at the end of each week, and is brought back to the social adjustment center every evening. The results of such placement have been very encouraging, for the trainees have gained valuable confidence from this experience, and their employers have learned that the blind can be good workers.⁴⁵ In placing the trainees, the hospital tries to choose jobs which offer the men experience in the fields they expect to follow,⁴⁶ but it is important to emphasize that Old Farms is not a vocational training institution. It only gives the trainee an introduction to, or sampling of, various types of work coupled with the knowledge that he can perform certain jobs, some of which may interest him.⁴⁷

Throughout the training at Old Farms, formal studies are supplemented by athletics and social recreation, so that the trainees' time is always occupied. Except for those sports which require hitting and catching a ball, these men can and do indulge in all activities.⁴⁸

The Red Cross, Y. M. C. A., local groups, and private individuals in Hartford and other nearby cities have cooperated in arranging dances, parties, fishing trips and the like for

45. Jameson, op. cit., p. 274

46. Habbe, op. cit., p. 849

47. Jameson, op. cit., p. 273

48. Ibid., p. 274

the trainees. Movies, plans, the radio, the phonograph, the Talking Book, also play a share in filling the trainees' ⁴⁹leisure time.

The achievement of any individual trainee at Old Farms depends primarily on his mental attitude toward the program. As a rule, the blind soldier needs no prodding to avail himself of the opportunities offered, a remarkable fact in consideration of the war experiences, surgical operations and the blindness which has come to him in such a compact period of time. Moreover, it has been found that in the semi-civilian atmosphere of Old Farms, the reluctant trainee is spurred on ⁵⁰by the accomplishments of his fellow trainees. In some cases it is difficult to interest a man in that type of work ⁵¹for which testing has indicated him to be most fit. Certain types of work, however, are looked upon with distaste by all. Work traditionally associated with blindness, such as basketry, weaving and woodworking, falls into this category. But with the realization that these occupations can be pleasant and productive hobbies, the trainees attempt to develop their skill in them to the utmost. ⁵²Braille, too, is almost universally disliked at first, due mainly to the preconceived idea that it is impractical. A little knowledge of the subject, however, brings with it an appreciation of ⁵³its value.

49. Ibid., p. 275

50. Habbe, op. cit., pp. 819, 848

51. Jameson, op. cit., p. 273

52. Ibid., pp. 273-274

53. Ibid., p. 273

With the completion of the training at Old Farms, the Army discharges its responsibility to the blinded soldier, and his separation from the service follows promptly. The veteran can then, if he so desires, obtain further training in and assistance in job placement from the Veterans Administration and from various Federal, State and local agencies for the blind. What he will make of his future years, depends mainly, however, on what he has assimilated from the Army Rehabilitation Program and the strength of his own character.

In dealing with blinded soldiers, the Army has provided adequate facilities and availed itself of the most modern knowledge and experience in offering them medical and surgical treatment and psychological, social and prevocational rehabilitation. It has increased the knowledge about corneal transplants and pioneered in vitreous transplanting. It has recognized the psychological importance of using blind consultants for the initial contacts with the war-blind. It has established a social adjustment center for the blind. It has employed civilian personnel whenever military personnel were found unsuitable. Altogether, it has made an all-out effort to restore the war-blind to useful living.

CHAPTER V

THE NAVY PROGRAM

Between January 1943 and April 1944, the United States Naval Hospital at Philadelphia admitted its first six blind war casualties. In July 1944, this hospital was designated by the Surgeon General as the national center for the rehabilitation of blinded personnel of the Navy, Marine Corps and Coast Guard. By November 1945, 157 war-blind patients, whose vision¹ was 2/20 or less, had been admitted.

Of these 157 cases of blindness, 99 were the result of traumatic injury to the eyes. The common causes of these injuries were bullet, mortar, and grenade wounds, land-mine explosions, bombs and shell-fire. The destructive nature of modern warfare was aptly demonstrated by the long list of accompanying injuries to blindness suffered by these men, only one of whom escaped such injury. Eighty-three men suffered facial disfigurement, while injury to cranial nerves, loss of the senses of smell, hearing and taste, soft-tissue foreign-body wounds of the trunk and extremities, and fractures of the skull² and extremities took smaller tolls.

Blindness of non-traumatic origin affected 58 men, and of these 28 were victims of poisoning by methyl alcohol ingestion. The remaining non-traumatic cases were caused chiefly by retrobulbar neuritis, macular choroiditis, and

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1. A. Duane Beam, Traumatic Blindness, Rehabilitation at the U.S. Naval Hospital, Philadelphia, March 1946, p. 253.
 2. Ibid., pp. 255-256.

severe vitamin deficiency.³

For all of these 157 patients the prognosis for restoration of vision was nil or very poor.⁴ Theirs was a handicap that called for acceptance and to which adjustment on their part was necessary. Consequently, "...the naval rehabilitation program is dedicated to the purpose of retraining its blinded personnel so that they are willing and able to live normal, active lives as socially and economically sufficient contributors to community life."⁵ This program has been carried out almost in its entirety at the United States Naval Hospital in Philadelphia. Surgical and medical treatment, as well as rehabilitation, has been provided there, the Navy refusing, as was originally planned, to send its war-blind to Old Farms Convalescent Hospital or to establish a convalescent hospital of its own for the blind.

The Navy's failure to set up such a specialized training center, does not mean, however, that it had intended to omit this most important phase of training, for as it shall be seen, a program which was considered by the Navy comparable to that at Old Farms has been in progress at the Philadelphia Naval Hospital. The consideration given by the Navy to rehabilitation is illustrated by the fact that among 77 discharged patients, the rehabilitative portion of the program consumed more time than the medico-surgical phase. But the duration

3. James F. Finegan, Nontraumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 263-265.

4. Beam, op. cit., p. 253

5. A. Duane Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 155.

of hospitalization, averaging as it did only four and a half months, (and ranging from one and a half to twenty-one months),⁶ does not compare favorably with the time spent by the blind under the Army program. At Old Farms alone, seventeen and a half weeks are devoted to rehabilitation.

The surgical and medical phase of the Navy program was designed to improve vision whenever possible, to render the eye suitable for a prosthetic appliance, and to care for associated wounds. Procedures used in the treatment of associated injuries included plastic surgery, brain surgery,⁷ and the care of fractures and amputations.

A valuable contribution to ocular prosthesis has been made by the Navy with the development of a technic for the construction of acrylic prosthetic eyes, which have been found superior in most ways to glass eyes. The existing socket is first examined, and if necessary, the soft tissues lining the cavity are stretched by inserting a plastic form for a few days. The socket is then filled with a mass of impression material, in a fluid state, which soon sets and can be removed in one piece. The elastic qualities of this material permit its withdrawal from the socket without any distortion, and consequently a perfect negative of the socket is obtained. The impression is then surrounded by plaster of paris, which on setting, gives a duplicate of the actual eye socket. From this plaster mold, a pattern is constructed in wax, and this pattern is

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6. Beam, Traumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 257
 7. Ibid., pp. 258-260

tried in the eye socket and adjusted to provide maximum movement and comfort, and to best restore the natural contour. The completed wax pattern is then placed in a metal flask filled with plaster of paris. When the plaster sets the flask is opened, the wax boiled out, appropriate shades of acrylic material packed into the resulting mold and the flask closed and placed in a compress. The acrylic material is then cured by keeping the flask in boiling water of 160° F. for four hours. After removal of the acrylic form from the flask a cavity is made in its surface to accommodate a false iris, which has been painted on water color paper to conform with the patient's remaining eye, or in cases of bilateral eye loss, with his complexion and hair color. The iris is cemented into this depression, and the entire prosthesis is then covered with a transparent coat of acrylic material by flasking and processing it once more. The completed product⁸ is highly polished to simulate the natural eye.

These plastic eyes have been of most value in cases where the orbital cavity and surrounding tissues were considerably mutilated. Hanson lists the chief advantages of the acrylic eye as lightness of weight, permanence of color, durability, tissue tolerance, the fact that there is no danger of the eye bursting in the cavity as glass eyes sometimes do, and that the material is unaffected by the

8. Warren V. Hanson, Acrylic Eye Prostheses, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 268-272.

fluids of the eye socket. The acrylic eye conforms to the contour of the socket whereas the glass eye is merely a shell-like covering in front of the cavity. In only one patient was the tissue lining the socket chemically irritated by the plastic material.⁹

The rehabilitation work at the Naval Hospital aims at developing the patient's independence. Based on this objective, the work has been organized into four interdependent elements termed: initial orientation, basic re-education, general psycho-social readjustment, and prevocational training and vocational guidance.¹⁰

The following paragraphs will be devoted to a description of the work of rehabilitation at this hospital as well as the testing period at the New York Institute for the Education of the Blind.

The great majority of the Navy war-blind were injured in the Pacific War Theatre.¹¹ They had to be transported many thousands of miles to reach the Naval Hospital in Philadelphia. An example of such a trip is furnished by Monroe Fox, a blinded sailor, in his description of his journey from Iwo Jima to Philadelphia. On February 8, 1945, he was blinded by an explosion aboard a vessel off Iwo Jima. He was soon placed on a hospital ship that took him to Saipan, where he remained in a hospital for over a week. From there he

9. Ibid., pp. 272-273, 276.

10. Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 155.

11. Beam, Traumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 255.

traveled by transport to Pearl Harbor, a ten day journey. After about a week at the Pearl Harbor hospital, he was transferred to the Naval Hospital at Oakland, California, six days being consumed. He spent some time at the latter center, and finally was flown by Naval Air Transport cross country to the Philadelphia Hospital, where he was admitted on April 22, 1945, more than two months after the injury. Although some efforts were made to teach him how to get around and eat, at the Oakland Hospital, it was not until he reached Philadelphia that a definite surgical and rehabilitative program was instituted.¹² Nor is this case unusual. Beam states that the average time elapsing between injury and arrival at the Philadelphia center was three and a half months, with a variation of from four days¹³ to thirteen months.¹³

The Navy has failed to follow the Army's example of having a blind consultant make contact with the newly blinded person as soon as possible after injury. Those experienced in work with the war-blind, in England particularly, believe that such a step is of great psychological benefit to the newly blind.

On arriving at the hospital, the patient is introduced to the program by way of an examination by the ophthalmologist-in-charge, who determines and plans the necessary medical and surgical treatment.¹⁴ This is followed by an interview with

12. Monroe L. Fox, Blind Adventure, pp. 1-166

13. Beam, op. cit., pp. 256-257

14. Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 155.

the supervisor of re-education, who explains the training program to the patient, describing the routine of care and training, and introducing the patient to his physical surroundings at the hospital. At the same time, the patient's questions are answered, his fears and anxieties allayed through frank discussion, and his participation in the program encouraged.¹⁵ In conjunction with this there is another interview with a medico-social worker, who obtains the patient's social history and subsequently makes contact with the patient's family for the purpose of enlightening them as to the facts of the case.¹⁶

In the first stages of training the patient must learn to cope with the practical problems of daily living that have arisen from the loss of his most important sense. He must accommodate himself to blindness, training his other senses to compensate for the loss of his sight. The words of a recently blinded sailor who went through this period of readjustment are fully explanatory. "Each day brings out something new to be met and solved. In a way it's like being reborn. A newly blinded person must learn to do the simplest things of life all over again, and the surprising part of it is, that those things can usually be done with such ease that you wonder why people have such a horror of blindness."¹⁷ Still this is no easy task, but it is altogether necessary if the patient is to obtain some degree of self-sufficiency. During

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15. Mary E. Kugler, Re-Education of the Newly Blinded. Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 279
16. Beam, op. cit., p. 155
17. Fox, op. cit., p. 8

this period of adjustment, the trainee requires individual instruction for patient, understanding and experienced teachers. The teacher-attendant is designed to occupy such a role in the Navy program. It is he who introduces the patient to his bed, locker, cubicle and ward, assists him in getting around, dressing, eating, and performing the varied
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and necessary tasks of everyday life.

After only a short period of training, corpsmen are used as teacher-attendants. The initial task of the teacher-attendant is to conduct the new patient to his bed, and to explain orally and with the aid of models, just what position the patient's bed occupies in his cubicle, its relation to other beds in the cubicle, and the relation of this cubicle to others in the ward. This is followed by a tour of the ward, which further aids the patient in forming a clear picture of his surroundings. At the same time, the teacher-attendant shows the patient how by listening for the sound of the water fountain and the ring of the telephone on the nurse's desk, and by similar guides, he can orient himself as to his position in the ward. When he is satisfied that the newcomer has absorbed this knowledge, the teacher-attendant helps him arrange his equipment in his locker in an orderly fashion, encouraging him to identify and organize the articles. Following this, the patient is oriented to the entire
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hospital.

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18. Kugler, op. cit., pp. 280-282
 Beam, op. cit., p. 155
 19. Kugler, op. cit., pp. 281-283

During the first few weeks of training, the patient receives instruction in location and identification of objects, personal hygiene, acceptable eating habits, maintenance of normal posture and gait, and control of socially objectionable mannerisms.

Learning to eat in a socially acceptable manner is one of the most important and difficult processes in retraining. An attempt is made at the hospital to simulate civilian eating conditions. Food is served in plates, cups, saucers and glasses rather than on compartment trays. It is arranged in a clockwise fashion, so that a casual announcement of the menu at each meal, for example that, meat is at six, potatoes at nine, and beans at twelve, enables the patient to eat without asking any questions. Ambulatory patients eat in the mess hall together with teacher-attendants, so that the latter can both serve and instruct the trainees in such matters as cutting their meat, buttering their bread, and seasoning their food. A meal eaten in the company of the teacher-attendant, in a restaurant, gives the trainee experience in getting the waiter's attention, giving his order, and having his food properly arranged.

Another important phase of re-education is teaching the patients how to travel alone safely outdoors. To this end, the department of physical education has set up a series of four "progressive" tests which serve both to instruct and

20. Beam, op. cit., p. 156

21. Kugler, op. cit., p. 283

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test the trainee. In the first of these tests, the patient must leave the ward, go out the gate a distance of 200 yards, turn the corner, walk a short distance and return. The second test involves taking a bus to a nearby residential section, making a circuit of the block and returning to the ward. The third test takes place in a noisy residential and business area, involving a stop light and various stores. Before negotiating the route, a complete explanation of what he can expect is furnished the trainee after which he is taken over the course by the instructor, and finally is put on his own with the instructor some distance away. For the last test the patient is placed in the subway and heavy downtown traffic of Philadelphia. (Because of additional injuries to blindness, some men are excused from this test.) In the course of these tests, the trainee learns, to varying degrees, how to get into a bus and pay his fare, how to avoid street obstacles, and secure aid from passersby in crossing streets, how to take advantage of the recognition of store odors and noises, how to manipulate subway turnstiles, and countless other helpful pointers.²³ His experiences enable him to cope more adequately with future problems, not only because of the specific obstacles he overcomes but also because of the confidence such accomplishments give him.

Converse states that in learning to travel alone, desire to learn is the most important requirement, Intelligence,²⁴ memory, and a sense of humor are other deciding factors.

22. Everett C. Converse, Outside Orientation and Physical Reconditioning, Rehabilitation at the U.S. Naval Hospital, Philadelphia, March 1946, p. 303

23. Ibid., pp. 304-307

24. Ibid., pp. 303, 307, 308

The study of Braille presents the newly blinded men with a difficult task, not only as regards the complicated nature of Braille itself, and the necessity of having to develop a new type of sensitivity in the fingertips for perceiving the Braille characters, but also because of the psychological requirements. As Kugler points out, "The actual beginning of the study of Braille, marks, on the part of each patient, the overcoming of a basic psychological obstacle. It means he has accepted his blindness, and in so doing, is taking one of his first forward steps in his process of rehabilitation. It means he has grasped the value of Braille as a practical method of reading and writing."²⁵

The following response of a newly-blinded sailor is illustrative of the attitude toward Braille taken at first by many of the war-blind: "Before I started to study Braille, I was a little dubious about it. I had heard it was very difficult. I couldn't see why I needed it anyway. I knew I could get a Talking Book machine that would allow me to listen to any book I wanted, and I was afraid the time involved would slow me up in getting my discharge and getting home."²⁶

In the program at the United States Naval Hospital, the patient is not required to continue Braille after he has completed Grade $1\frac{1}{2}$. Many, however, elect to go further, so that of 100 discharged patients, seven completed Grade III; 23 completed Grade II; 31 completed Grade $1\frac{1}{2}$; and 13 studied in Grade I. The last group included men who have been unable.

25. Kugler, op. cit., p. 288

26. Fox, op. cit., p. 134

to make the necessary adjustment early in their retraining, and also a number who lacked the required tactual ability. Twenty patients had sufficient vision to read inkprint and therefore received no instruction in Braille, and three men were discharged before a formalized program of instruction was instituted. The average number of lessons needed to complete Grade I was 25, while for Grade II about 15²⁷ additional lessons were necessary.

In contrast to the difficulties presented by the study of Braille, typing is readily taken up by the patients, all of whom were eager to learn a means of private communication with the sighted. Systematic daily instruction in the touch system is provided for each patient. On completing 36 hours of instruction, the trainee receives a typewriter, provided he has attained a speed of 25 words a minute (allowances are made for additionally handicapped patients, such as one-armed men), and has a knowledge of letter forms,²⁸ operating technique, and care of the machine. Weekly reports on each patient's progress, in both Braille and²⁹ typing, are made to the supervisor of re-education.

In conjunction with the program of re-education, the Navy has instituted certain activities designed to facilitate psycho-social adjustment. A physical reconditioning program emphasizing enjoyable sports and group games, held outdoors whenever possible, occupies a definite portion of each trainee's time. Formal calisthenics, conducted in small

27. Kugler, *op. cit.*, pp. 293-294.

28. *Ibid.*, pp. 287-288

29. *Ibid.*, pp. 288, 293

groups of equally advanced trainees, is helpful in regaining muscular coordination and good posture; medicine-ball handling, tug-of-war and rowing, give the patients the feel of working as part of a group. Archery, employing a sound signal to give direction, is practised at close range. Swimming and wrestling, both ideal sports for the blind, have had few followers, because of lack of facilities and presence of preventive surgical operations and injuries. Bowling and modified³⁰ golf are also available.

Other recreational activities are left to the Red Cross, which arranges games, dances, and musical instruction within the hospital, as well as parties and visits to public centers³¹ and private homes outside. The location of the Naval Hospital in Philadelphia, a large city, offering all sorts of recreational, educational and vocational facilities, is a distinct advantage not enjoyed by the Army Center at Avon. It makes it possible for the patients to visit places of historical interest, schools, and theaters. Writing of Philadelphia, Monroe Fox says: "There were several organizations in the city whose sole purpose was to entertain servicemen. Many people invited the boys out to their homes for the weekends, gave special dinners and parties for them, and even took them on trips to nearby Atlantic City. In fact, there was some place to go every night, if a serviceman in that hospital--not just the blind ones--cared to go."³²

30. Converse, *op. cit.*, pp. 308-314

31. Beam, *The Navy's Progress for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum*, Volume 39, Number 6, June 1945, p. 157

32. *Ibid.*, p. 156

33. Fox, *op. cit.*, p. 139

Another activity used in the adjustment process is occupational therapy, which serves primarily to develop manual skills, finger dexterity and coordination. At the same time it provides a satisfying diversion and in some instances uncovers some heretofore unrealized abilities.³⁴

In addition to weaving, the Navy has successfully instituted in its occupational therapy department leatherwork, woodwork, gardening, X-Ray film developing and the use of power equipment.³⁵

Leatherwork, the most popular, has the advantage of providing a graded type of activity. The initial project is so simple as to insure success, and as Koch points out, success on the first venture is very important in establishing self-confidence. The making of such leatherwork articles as belts and moccasins gives the trainee considerable satisfaction because he can present them as gifts to relatives or friends. Woodworking is undertaken by using simply adapted hand tools which allow the blind to do their own measuring, cutting, hammering and sawing.³⁶

Trainees interested in outdoor work, boys from the farm, find pleasure in gardening. By clamping specially adapted tools to a taut wire stretched between movable metal stakes, accurate spading, planting and cultivation are performed. Koch says that gardening has been most beneficial to men who

34. Faith G. Koch, Occupational Therapy, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 295-296

35. Ibid., pp. 297-300.

36. Loc. cit.

had difficulty adjusting to their handicap--it increased coordination, lessened nervous tension, and gave the patient the satisfaction of perceiving things grow as the result of his own efforts.

A new field for the blind has been opened with the introduction of X-ray film developing, a process which must be timed in a darkroom. Braille markers enable the worker to match corresponding film and envelope, while a braille watch is used for the timing. As a result of this training, the Navy has placed three of its former trainees as X-ray technicians in hospitals.

The Occupational Therapy department also operates a stand as a subsidiary of the Ship's Service store, and this project provides training for six patients at a time who are interested in retail business. Operating the cash register, taking inventory, replacing stock, and keeping records are all attended to by blind men.

To facilitate the patient's adjustment, group conferences with departmental administrators, the clinical psychologist, and the chaplains are held regularly. But there are also unplanned forces at work. One instance of these is the example set to those newly arrived, by those more advanced in their adjustment. The point is well illustrated in the following quotation by Monroe Fox: "A man may worry about being blind when he first gets there, but he soon gets over it."

37. Loc. cit.

38. Loc. cit.

39. Koch, op. cit., pp. 300-301

40. Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 156

When he sees (perceives) from 30 to 50 men who don't give a darn about their blindness, men who can talk with confidence about their future, men who go out every night of liberty -- and every other night they can without being caught -- men who can still discuss the Navy's favorite topic-- girls--and do it without a trace of self-consciousness because of their blindness, he soon learns that he feels better when he doesn't worry himself about not being able to see." ⁴¹ And also in the following description of one of his mates: "...yet he's one of the most cheerful men I know. He's had operation after operation to rebuild his face. He's had to learn to run a typewriter with one hand. He's had to overcome his blindness just like the rest of us." ⁴²

At the United States Naval Hospital in Philadelphia, considerable emphasis has been placed on educational and vocational counseling, and particularly on the associated phase of job try-outs. ⁴³ Before a program of work is planned, information concerning the patient's background; interests, hobbies, experience and ambitions is obtained at an interview conducted by the educational service officer, the teacher-attendant in charge of the patient's extra-hospital work experience and the occupational therapy officer. Another lead as to the type of work suitable for the patient is obtained from the results of a series of psychological

41. Fox, op. cit., p. 124

42. Loc. Cit.

43. Dale B. Harris, Educational and Vocational Counseling, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 315-321

aptitude tests administered at the New York Institute for the Education of the Blind, where each trainee spends two weeks. Group guidance classes, acquainting the trainee with the abilities, necessary training, advantages and hazards of particular vocational opportunities for the blind, help him sort out the vocational possibilities open to him. Before leaving the hospital, each trainee receives information concerning the specific guidance agencies to which he can apply when he arrives home.

Prevocational training, planned on the basis of information gained from interviews and tests, includes work in and outside of the hospital. As has been noted, occupational therapy serves, in many instances, just such a purpose. The work experience in X-ray film developing has proved valuable to some. The Ship's Service store has served well in training those interested in retail business.

Work experience outside the hospital is made available at the Philadelphia Naval Base, the Marine Quartermaster Depot, and at a large number of industrial and commercial plants and schools, all of which are cooperating with the Navy in its program of training the blind. The great variety of types of work offered by these plants is illustrated by the fact that blind patients in the Navy program have successfully performed such operations as sub-assembly of parts, (using power presses and staples in many instances), packing, crating, nailing, hand tapping, boring, and reaming, drill press operation, (on both wood and metal jobs) steel wire-cutting and forming, inspection and cleaning of parts,

arbor press operations, hand work on leather and wood novelties, hand work on athletic equipment, stockroom work, order filling, window displays, all types of farm chores, (with the exception of heavy field work), and photographic darkroom work, (with the exception of retouching and reprinting).¹⁴

When a man's choice is in industrial work, he is placed in a half-day job in Philadelphia, which he must hold for at least four weeks before his discharge from the hospital. On the first day, the trainee is accompanied to the job by the teacher-attendant in charge, who introduces him to the manager or owner of the plant and to the foreman, as well as to the job itself. The teacher-attendant repeatedly checks on the patient's progress on the job. Such placements, made only after the patient's interests and aptitudes appear to warrant them, and continually checked by the hospital corpsmen, have resulted, according to Harris, in a high proportion of successful job try-outs. When the patient chooses retail business, he is taken to meet businessmen and examine business establishments. Training at a business school as well as employment at the Ship's Service store follows. For men interested in farming, the Navy has made an arrangement with a school of horticulture in Ambler, Pennsylvania, which permits the trainees to spend some time there familiarizing themselves with typical farm chores. When the patient intends to continue his education, necessary steps in having him properly accredited, arranging tutoring, and facilitating his entrance into the proper

school, are taken by the Navy.

The New York Institute for the Education of the Blind is one of the leading schools for blind children in the United States. In cooperation with the Navy, it sponsored a program of rehabilitation for blinded marines and sailors.

The two-week testing period spent by Navy war-blind at the New York Institute has already been mentioned, and it was said that psychological tests were administered there.

In testing intelligence, the mean score of 106 subjects was (strangely enough) 106. The range was from 71 to 131. All scores were based on the Wechsler-Bellevue scale, with the exception of four, which were based on the Hayes-Binet scale.

To determine mechanical aptitudes, a number of tests were given; the Wiggly Block assembly, Radio Tube Inserting, Matching Forms and the Playschool Assembly. Most patients took the Wiggly Assembly plus one of the others.

One hundred and ten patients were tested on manual ability, such tests being used as the Minnesota Rate of Manipulation, Detroit Manual Ability, Hand Tool Dexterity, Small Parts Assembly, Washer Sorting, Screw and Washer Assembly and Dual Hand Dexterity.

A few received vocational preference tests, the Standard Diagnostic Interview Guide being the most extensively used.

Social and personal adjustment of twelve patients were tested and classified on the Bell Adult (Form A) scale.

45. Loc. Cit.

46. Kugler, Re-education of the Newly Blinded, Rehabilitation at the U.S. Naval Hospital, Philadelphia, March 1946,
pp. 285-286

It may be enlightening to examine what was the evaluation given to this testing period by a sailor who experienced it: "The story of my progress in the rehabilitation program, would not be complete without a short account of the two weeks I spent at the New York Institute for the Education of the Blind. The main idea of sending us to New York was to give us certain tests to see how adaptable we were to industrial jobs. Why these same tests couldn't have been given in Philadelphia, I don't know, for the materials used were very simple. For example, one test consisted of picking up marbles one at a time with each hand, from a tray, and dropping them through small holes in the tops of two large bottles. Another test was removing the nuts from the end of several different-sized bolts which were placed through a board. We were supplied with a large number of tools from which we had to select the right ones to use. Once the bolts were removed, we had to replace each one in the hole it fitted, and secure the nut. We were timed during all these tests, and no doubt they proved something, but just what no one ever told us. And why we should have to spend two weeks taking tests which could have been finished in two or three days, was another question no one ever answered."

47

Besides testing, further instruction in Braille and typing was given. Blind instructors also taught the finer points in traveling without sight. Counseling interviews

were conducted. Trips were made to news-stands managed by blind men, and to the local organizations for the blind, including the Brooklyn Industrial Home for the Blind, the Lighthouse and the New York Guild for the Jewish Blind.⁴⁸

Social dancing, parties, theater attendance and other means of entertainment were amply provided, to such an extent, in fact, that many of the marines and sailors considered this the main feature of the program.

The most valuable aspect of the program according to the statements of the trainees, lay in the opportunities offered of meeting well-adjusted competent young blind people among the older students of the school. Many of the marines and sailors told the investigator that these meetings accomplished more than all the lectures on adjustment to which they had been exposed. They perceived for themselves that the blind could do most of the things the sighted could, they said, and many of them were inspired to imitate these boys and girls.

It is not yet possible to judge fully the value of the Navy's program for the war-blind. The ultimate test of its value will be the extent of the psychological, social and vocational rehabilitation of those who received its benefits. Since the passing of several years at least is usually required for the rehabilitation of newly blinded persons, according to those experienced with the blind, judgment of necessity must be delayed.

For the same reason, sound over-all judgments in regard to comparisons between the programs of the Army and Navy, are

48. This information is based on the experience of the investigator as a teacher at the Institute at the height of the program.

also impossible at present. But by comparing techniques employed, personnel involved, and facilities made available, it is possible, in some specific instances, to make a few valid preliminary judgments.

In travel instruction, the Army developed and used a fool-proof cane technique. The Navy did not. Nor did it employ an equally workable substitute.

The Army used blind consultants to make the initial contacts with the war-blind. The Navy failed to appreciate the psychological importance of using such consultants.

When it found its own personnel inadequate, the Army hired civilians. The Navy did not.

The Army established a social adjustment center for the war-blind, to supplement the instruction given at its hospitals. The Navy confined all of its medical, social, psychological and prevocational rehabilitation of the blind to the Philadelphia Naval Hospital primarily, and to a very small extent, to the New York Institute for the Education of the Blind. That a number of blinded marines and sailors, upon their discharge from the Navy, requested and were sent by the Veterans Administration to the social adjustment center of the Army for the regular course, is undeniable evidence that these men themselves realized that important elements were missing in the Navy program.

These comparisons between techniques, personnel and facilities, turn out in favor of the Army, but that of course does not necessarily signify that in the long run blinded soldiers will be better adjusted citizens than blinded marines and sailors.

CHAPTER VI

THE VETERANS ADMINISTRATION PROGRAM

This chapter will deal with the four main phases of the program of the Veterans Administration for the war-blind of World War II. The pension laws and the specific legislation for the war-blind, which the Veterans Administration carries out, will be described. Then, the methods by which the Veterans Administration cooperates with the Army's social adjustment center for the blind, will be pointed out. Next, the process for the vocational rehabilitation of the war-blind, as it functions in the Veterans Administration, will be explained. Finally, the orientation programs for blind members and patients in the veterans homes and hospitals will be described.

The basic legislation governing the pensions for blinded veterans of World War II is included in Public Law 182 of the Seventy-ninth Congress, approved September 20, 1945. The purpose of the legislation, as stated in the act, is "to provide additional rates of compensation or pension," and to "remedy inequalities as specific service-incurred disabilities in excess of total disability." More specifically, the law divides veterans blinded in the service into three categories, each of which is allotted a different monthly pension. The first group, which receives a monthly pension of \$200, includes veterans who are blind in both eyes with a visual acuity of 5/200 or less. If the veteran has been blinded in both eyes and has been rendered so helpless as to require

the constant aid and attendance of another person, he receives a monthly pension of \$235. Those veterans who have suffered the anatomical loss of both eyes constitute the third group, and receive \$265 a month. If the degree of a veteran's service-incurred blindness exceeds the requirements for any of the three categories, the Administrator of the Veterans Administration may, theoretically, at his discretion, authorize the next higher or an intermediate rate of pension.

A veteran who has suffered a disability, such as the loss of or the loss of use of a leg or a hand in addition to the loss of sight, is entitled under Public Law 182, to receive a \$35 monthly increase in his pension for each such loss, as long as his total pension does not exceed \$300. For example, a veteran receiving \$265 a month for the anatomical loss of both his eyes, if he has also suffered the loss of a hand, will receive \$300 a month. Similarly, if total deafness is incurred in combination with total blindness, a monthly pension of \$300 is also awarded.

The disability pension that used to be awarded for the loss of, or the loss of sight of, only one eye, varied according to the visual acuity of the useful eye. If that eye was wholly unimpaired, a thirty per cent disability pension for the impairment of the other eye (based upon a \$115 pension per month for one hundred per cent disability), or \$45 per month was awarded.

But at present, by the additional allowance of \$35 per

month, such persons receive \$80 per month. The pension increases as the strength of the eye with vision decreases, until the visual acuity of this eye drops to 5/200. The condition is then considered blindness, and the veteran becomes eligible for a statutory rate of either \$200 or \$235 per month, as specified in Public Law 182.

In order to compensate for the rising cost of living during 1946, Public Law 662, Seventy-ninth Congress, effective since August 8, 1946, authorized a twenty per cent increase in all benefits and compensations, except those considered statutory awards. (The statutory awards include the \$200, \$235, and \$265 per month pensions for the three categories of blindness. The \$35 per month supplementary awards, of Public Law 182, are also considered statutory awards.) The twenty per cent increase is applicable only to those benefits based upon the \$115 pension per month, for one hundred per cent disability, which was initiated by a Federal act on December 19, 1941.

Another instance of legislation affecting the war-blind is found in Public Law 309, Seventy-eighth Congress, approved May 24, 1944. It provided one million dollars for the purchase of "Seeing-Eye Dogs" for blind veterans and travel pay to and from the center for the training of guide-dogs for the blind. The law also provided for the purchase and distribution of electronic and mechanical equipment to aid veterans overcome the handicap of blindness.

The importance of coordinating its attempts at the vocational rehabilitation of blind veterans with the work

of orientation and adjustment training provided by the Army at Old Farms Convalescent Hospital, has been recognized by the Veterans Administration.¹

To facilitate coordination in the task of selecting a vocational objective for the veteran, of preparing a program of training and employment for him, continuous with that carried on at Old Farms, and of obtaining and supplying necessary information to and from Old Farms and the regional offices of the Veterans Administration, several provisions² have been made.

The Veterans Administration has stationed at Old Farms a vocational adviser and a training officer to assist in the initiation of vocational guidance for the war-blind. These persons have the added responsibility of securing, from the appropriate regional offices, any information of value for the vocational guidance and training of the servicemen at Old Farms. The information deals with home conditions and training or employment possibilities in the trainees' home communities. In turn, the Veterans Administration representatives at Old Farms supply the regional offices with pertinent information about the men who are discharged from the Army. This information indicates the vocational objectives tentatively set for the servicemen at Old Farms, the possible limitation in regard to the location of a training center for

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1. Letter from the Assistant Administrator of Veterans Affairs to All Regional Offices and Combined Facilities, July 20, 1945, p. 1 (See Appendix)
 2. Ibid., pp. 1-4

a veteran, and the types of training and employment facilities that the veteran might require.

When a serviceman is discharged from Old Farms, his records, as well as all findings and recommendations concerning him, are forwarded to the appropriate regional office of the Veterans Administration.

The regional office is urged to make contact with the blind veteran as soon as possible after his arrival home so that he may be started on a progress which will continue and complete the work of vocational rehabilitation begun at Old Farms.

The regional office, advised in advance by the personnel of the Veterans Administration at Old Farms of a veteran's homecoming and of his needs, tries to prepare to offer him the training facilities and employment opportunities that he may require. The responsibilities of the regional office in this connection are many. It locates employment opportunities for the veteran in line with his experience, abilities, education, interests and residual vision, if any, as reported by the representatives of the Veterans Administration at Old Farms. It secures training facilities, arranging institutional training and training on the job. It secures the services of agencies and institutions for assisting the blind veteran in his orientation and occupational adjustment.

Another task of the regional office, to be performed prior to the homecoming of the veteran, is that of securing the cooperation and understanding of his family by visits to his home.

Should the regional office be equipped incompletely to handle the problems of advisement, training and placement of the blind veteran, it is expected to request the aid of the central office in acquiring facilities.

In case a blind veteran refuses the assistance offered by the regional office, statements to this effect are placed upon his record, including remarks on the attendant circumstances.

When a veteran does not resist vocational rehabilitation, the Veterans Administration undertakes to help him. He is given the general benefits provided by Public Laws 16 and 346, of the Seventy-Eighth Congress, and 268, of the Seventy-Ninth Congress (laws described in Chapter II), and special consideration because of the severity of the disability of blindness.

Subsequent to the approval of Public Law 16, a Vocational Rehabilitation Service of the Veterans Administration was set up. M. I. Tynan, the Service's Supervisor of the Blind, at that time, describes its organization as follows: "The Vocational Rehabilitation Service is under a Director and is composed of three major divisions: namely, the Vocational Advisement Division, Training into Employment Division, and the Research Division....The Training into Employment Division will be responsible for prescribing the course of training, providing the necessary supervision in order to insure restoration of employability....The Vocational Rehabilitation Division in the Regional Office is under the control of a Vocational Rehabilitation Officer who is responsible to the manager."

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3. M. I. Tynan, Organization and Administration of Vocational Rehabilitation Service. Proceedings of the 20th Convention of the American Association of Workers for the Blind, 1943, pp. 60-61.

The following recommendation relative to blind veterans made by the Secretary of War, the Secretary of the Navy, the Chairman of the War Manpower Commission and the Administrator of Veterans Affairs, outlines the task of the Veterans Administration in providing vocational advisement:

That the Veterans Administration shall initiate and complete as early as possible within the social adjustment training period the vocational advisement of each case to the end that as early as possible during his social adjustment training the blind person will know precisely his plans for the future, including not only his ultimate vocational objective but also the vocational training program by which the objective is to be obtained.⁴

The blind veteran formally expresses his interest in vocational rehabilitation by filling out Form 100. At the Veterans Administration guidance center to which he reports, the provisions of Public Law 16 and its amendments are explained to him, and various psychological and aptitude tests are administered. Should the veteran be judged incapable of returning to the type of work he was engaged in before disability was incurred, the Veterans Administration Rehabilitation Service must restore his employability for some
5
other vocation.

The first task, therefore, of the Vocational Rehabilitation Officer at the Regional Office is to aid and guide the blind veteran in the selection of a course of training that
6
will lead to a restoration of his employability.

The All Station Letter of September 6, 1943, requests that the vocational advisement brief and the detailed training

4. Ira Scott, Manual of Advisement and Guidance, p. 92
 5. J. H. Garrett, (Director of Rehabilitation of the Severely Handicapped, Division of Vocational Rehabilitation and Education, Veterans Administration). Lecture before Orientation Counselors of the Blind of the Veterans Administration, at Valley Forge General Hospital, August 6, 1946.
 6. Tynan. op. cit. pp. 60-61.

program, when completed, be forwarded to the Central Office of the Veterans Administration for review. In discussing occupational opportunities for blind veterans, this same letter says:

Lists of occupations in which blind persons have been successfully employed will be issued from time to time. It should be borne in mind that blind persons must have at least the same qualifications from the standpoint of education, previous experience, etc., as would be required for persons with sight, and as has previously been indicated, the adjustment a blind person has made to his disability must receive close scrutiny. If an occupation is considered which has not been included on the lists provided by Central Office, a detailed explanation, indicating any unusual factors, such as how and where it is contemplated the blind veteran may be adjusted into satisfactory employment upon completing necessary training, will be submitted to Central Office for consideration prior to inducting the blind veteran into training.⁷

Tynan, discussing the specific program for the vocational rehabilitation of the blind, says, "Through sound, systematic vocational advisement, each blind veteran will be aided in selecting a course of training which will fit him for satisfactory employment."⁸

When he has a definite vocational objective, the veteran begins training for employment. The responsibility of prescribing a course of training, preparing a training program for the veteran, inducting him into the chosen training facilities, supervising his training for employment, as well as initiating contacts for training in institutions and establishments, rests with the Vocational Rehabilitation Officer in the Regional Office.⁹

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7. Letter from the Assistant Administrator of Veterans Affairs to All Regional Offices and Combined Facilities.
September 6, 1943, p. 3 (See Appendix)
 8. Tynan, op. cit., p. 62
 9. Ibid., pp. 60-61

In regard to location and selection of training facilities, the All Station Letter of September 6, 1943 states:

Vocational training as distinguished from social adjustment training should be provided in most cases in schools and establishments commonly used by sighted persons. Also such training should be provided as close as possible to the community in which the veteran will live following his rehabilitation. This is desirable in order that the blind veteran may become as much as possible identified with and in the community in which he is to practice his new vocation.... Training agencies must be carefully selected and must understand thoroughly the requirements of the blind veteran and also the Veterans Administration policy and especially that blind veterans are to receive only such attention and assistance as they absolutely require, and that tendency to deal with blind veterans differently than persons with sight must be avoided.

"To enable each blind veteran to pursue satisfactorily his course of vocational rehabilitation," declares Tynan, "all equipment, supplies, and reading assistance, which are clearly necessary to the successful pursuit of his training, will be furnished by the government."

Regular supervision of the disabled veteran is an important part of the Veterans Administration program, more so for training on the job than for training in educational institutions.

The Veterans Administration recognizes the danger of a blind veteran becoming "institutionalized," and consequently avoids long, continuous periods of training in residence at institutions for the blind.

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10. Letter from the Assistant Administrator of Veterans Affairs to All Regional Offices and Combined Facilities. September 6, 1943, p. 3 (See Appendix)
 11. Tynan, op. cit., p. 62
 12. Garrett, op. cit.
 13. Tynan, op. cit., p. 62

Placement, the ultimate goal of vocational training, is also a responsibility accepted by the Veterans Administration. It itself, places the veteran, or makes contacts with private agencies to do so.

The Central Office of the Veterans Administration expects its Regional Offices to maintain regular and continuous contact with blind veterans and to issue bimonthly reports on each case.

There remains still to be described the programs of orientation established in veterans' homes and hospitals.

In the fall of 1945, under the division of medical rehabilitation, the nucleus of an orientation program for blind members and patients in veterans' homes and hospitals was established. Nine centers, in which the number of blind members or patients warranted it, were authorized to appoint an Orientation Instructor and Counselor of the Blind.¹⁴

These nine centers were located at Bath, New York; Bay Pines, Florida; Bronx, New York; Dayton, Ohio; Kecoughtan, Virginia; Los Angeles, California; Mountain Home, Tennessee; Tuskegee, Alabama; Wood, Wisconsin.

By the end of April, 1946, the blind members and patients in these nine homes and hospitals numbered 337. Their average age was 58. In most cases blindness was not service connected. The vast majority of the men were veterans of World War I, many of them having become blind in recent years.

14. The information on this section of the chapter is derived from the experience and knowledge gained by the investigator as Orientation Instructor and Counselor of the Blind at the Bronx Veterans Hospital. No reliable printed source material has as yet been released.

A new Veterans Administration policy intends implementing the rehabilitation or partial rehabilitation of these elderly blind veterans, as well as furthering the rehabilitation of veterans of World War II undergoing additional medical treatment. If a blind veteran of World War II needs a plastic surgery operation, for instance, and if he enters a veterans hospital in which an orientation program for the blind is functioning, he may receive more instruction in braille, typing, travel or any other phase of orientation. If a patient in such a hospital has become blind since his discharge from the service, obviously orientation to blindness must begin from scratch for him.

The Orientation Instructor and Counselor is expected to gain the cooperation of Social Service, Occupational Therapy, and other departments in these centers, in working out a blind program. Such a program may consist of counseling on the problems of the blind, instruction in braille, typing, personal hygiene and organization, travel and the use of devices such as the braille watch, Talking Book and script-board. Occupational therapy (mainly leatherwork, weaving, basketry and ceramics) is usually also an important part of the program. In some of the centers it constitutes the entire program. Attendance at plays and picnics, often made possible by the cooperation of the Red Cross, is one of the main ways of encouraging and facilitating social intercourse by the members and patients. In the various centers, circumstances and the personalities of the Orientation Counselors determine which phases of such a program are to be emphasized. In no two of the centers are there exactly

similar programs.

The Orientation Counselor (one in each center at the moment) is the only one in these centers equipped by training and experience to handle work for the blind. The lack of co-workers of similar experience and training has meant the establishment of only token programs in some of the centers.

It is not yet possible to determine fully the results of the present American program for the war-blind. Among workers for the blind, it is generally accepted that several years at least are required by a newly blind person for making his adjustment. When a blind person is made to undertake training, it does not mean that he will be placed successfully afterward. Even if he is placed on a job, it does not mean that he will stay. And when a blind person refuses either to undertake training or accept a job, it does not mean that he will not change his mind in time to come. Consequently, with the close of World War II still very recent, the results of the present program cannot be stated conclusively.

Nevertheless, there are some available indications of the pattern these results may take.

In June, 1946, the Blinded Veterans Association published the results of a study it had conducted. The Association had sent questionnaires to one thousand blind veterans, and received replies from four hundred. When tabulated, these replies revealed that twenty-five per cent were in gainful employment, ten per cent were taking training, thirty-five per cent were re-hospitalized, and that the remainder were merely staying home. It was also shown that of those gainfully

employed. Fifty per cent were dissatisfied with their work. Many (the percentage was not given) were employed by friends
15
and relatives.

A statement made in August, 1946, by J. H. Garrett, Director of Vocational Rehabilitation of the Severely Handicapped, in the Veterans Administration, supported, to a considerable extent, the findings of the Blinded Veterans Association. He said that the records of one thousand blind veterans showed that five hundred were employed or undergoing training. Among the other five hundred some were receiving further medical or surgical treatment. A number of others were under advisement and almost ready for employment or training. Most of this five hundred, however, were at the time neither interested in employment or training. The rough estimate was made that fifty per cent of the one thousand
16
blind veterans were employed or taking training.

In all likelihood it will be possible in time to come to make an adequate study of the results of the present American program. Unlike the situation after World War I, full records are now being kept up to date by the Veterans Administration to allow follow-up. By analyzing these records at a future date, when the passage of time will have made it possible to make valid judgments, only then will it be possible to reveal the results of the present program.

15. Blinded Veterans Association, Questionnaire Results, B.V.A. Bulletin, June 15, 1946., p. 3

16. Garrett, op. cit.

PART IV

AID FOR THE WAR-BLIND IN OTHER NATIONS

CHAPTER VII

GREAT BRITAIN AND THE BRITISH EMPIRE

For the purpose of searching for what may be valuable to the present American program for the war-blind, descriptions will now be made of the development of the programs for the war-blind in Great Britain and the British Empire, France and Germany.

These nations have been selected primarily because their programs were concerned with relatively large numbers of war-blind. As a result, much valuable experience was accumulated. Moreover, the cultures of these nations are not so different from the culture of the United States as to make difficult or impossible the adoption of any of their policies and methods that may be valuable for the war-blind.

The period 1914-1947 will be emphasized, because that is the period in which programs of rehabilitation were established. It is from these programs that knowledge will be sought for the improvement of the present American program.

To begin this search, the efforts in behalf of the war-blind made in Great Britain and the British Empire will be examined first.

The first American blinded in England during World War II was a sergeant, an upper-turret gunner of the 8th Air Force.¹

1. St. Dunstan's and American War-Blind, Outlook for the Blind and The Teachers Forum. March 1943, p. 82.

There were no American facilities in England for caring for war-blind, but through a reciprocal agreement with the British government, all the facilities of "St. Dunstan's for Blinded Soldiers, Sailors, and Airmen" were made available to this sergeant and to all American servicemen blinded in the European Theatre.² St. Dunstan's, a private organization, did such an excellent job of treating and rehabilitating the war-blind of World War I that the English government entrusted it with the responsibility of treating and training the blinded servicemen of World War II.³

The sergeant was blinded while on a raid in December 1942, and was soon taken to the St. Dunstan's Hospital and Training Center in the small village of Church Stretton high in the hills of Shropshire.⁴ At the foot of the Welsh mountains, this former tourist center housed St. Dunstan's from 1940-1945. During that time, St. Dunstan's treated and attempted to rehabilitate more than 800 blinded British and allied servicemen.⁵ The training program was housed in nine buildings throughout the village. Every morning the men walked unaided down the hill-side from the hostels to the workshops, where they were trained in one of thirty-nine occupations ranging from lathe-work and plastic-moulding to estate-keeping and

2. St. Dunstan's Review, November 1942, p. 1.

3. I. Fraser, Whereas I Was Blind, p. 78.

4. St. Dunstan's and American War-Blind, Outlook for the Blind and The Teachers Forum, March 1943, p. 82.

5. C. Day, Friends of the Sightless, British Information Service, folder "Welfare-Blind".

dog-breeding.⁶ A wire stretched three feet above the ground on many of the village's streets made it easier for Dunstan's newly-blinded to get about the training center, helping to restore their confidence.⁷ The townspeople of Church Stretton often invited the men to their homes, and many of the young ladies of the town gave up their only half day off to be with the men, all of which helped to make the long and difficult training less arduous.⁸

This training center at Shropshire was the result of twenty-five years of work in welfare for the blinded British servicemen - which began in London at the beginning of the first World War.

There were no special training facilities for blinded servicemen in England or the dominions in 1914, for existing blind civilian workshops had been able to absorb the few men blinded in the empire's previous wars. But the poison gas, highly explosive shells, and prevalent disease of World War I quickly took its toll in blindness. Arthur Pearson, the noted London publisher who had been losing his sight gradually for two years previous to the war, realized that special facilities would be necessary for the care of many blinded servicemen. He asked the British War Office to send blind servicemen to certain hospitals in London, desiring the establishment of special centers for their care. The Ministry

6. Loc. cit.

7. British Help U. S. Blind Back to Normal, New York Herald Tribune, September 24, 1944, filed with British Information Service, folder "Welfare-Blind".

8. Day, op. cit.

obliged and designated the 2nd London General Hospital, Chelsea, as the center for the treatment of all eye cases. Arthur Pearson was a frequent visitor of the newly-blinded at the 2nd London General and determined that some facilities be provided to teach these men to be blind efficiently, and to train them in some occupation that they could follow as civilians. He consulted experts on the rehabilitation of the blind, but after many conservative opinions that sheltered workshops were sufficient, he decided to work alone. In February, 1913, he opened a training center for the blinded men from the 2nd London General.⁹ A house on Bayswater Hill had been loaned as a training center, but the quickly swelling number of blinded men forced Pearson to look for larger accommodations.¹⁰ On March 26, 1915, Pearson and sixteen blinded servicemen moved into a mansion and a 150 acre estate in Regent's Park loaned for the war's duration by Otto Kahn, the New York financier.¹¹ The mansion was known as St. Dunstan's Lodge, taking its name from an old clock that had been salvaged from the St. Dunstan's Church-in-the-West in the great fire of London.¹² St. Dunstan whose name was given to this hostel for the blind, had been the Archbishop of Canterbury in 959, and was not, as supposed by many, the Patron Saint of the Blind.¹³

9. E.A. Baker, Canadian War Blinded, Outlook for the Blind and the Teacher Forum, December 1942, pp. 281-285.

10. St. Dunstan's, Annual Report, 1929, p. 4.

11. Baker, op. cit.

12. Loc. cit.

13. I. Fraser, Whereas I Was Blind, p. 8

Even the spacious quarters of St. Dunstan's Lodge proved inadequate, for in 1916 over 200 men were in residence and temporary quarters had to be built on the estate grounds.¹⁴ St. Dunstan's fame also grew, and its founder, Arthur Pearson, was knighted by the crown.¹⁵

St. Dunstan's was home, school and place of work to its blinded residents. And above all, Dunstan's did its utmost to return to these blinded servicemen their lost feeling of independence. A braille watch was usually the first thing presented to new men at St. Dunstan's, and was often the opening wedge in stimulating a desire to be independent.¹⁶ Every man who was physically capable was given instruction in typing, and after successfully completing a typing examination, was given a typewriter without any charge. Although the blinded men could not read their own typing, it successfully replaced writing, which was now more difficult for them, and provided the first link between themselves and their sighted relatives and comrades. Braille reading replaced an important function of the men's lost sight and was taught while the men were still convalescing at the 2nd London General Hospital.¹⁷ Learning to be blind had to extend beyond academic classroom instruction in typing and braille, however, for the newly-blinded serviceman had to relearn such ordinarily simple things as shaving, eating, walking unaided, and dressing

14. Baker, op. cit.

15. Loc. cit.

16. Fraser, op. cit., p. 90.

17. Loc. cit.

presentably. Strips of carpeting on the floors and a cane served to orient the men until they were able to learn to get about without even these aids.¹⁸

Once a man had learned to care for himself in his new environment, he was ready to settle down to the long and difficult task of learning a trade, which often took over a year of studying at St. Dunstan's.¹⁹ Re-education can be especially difficult, for as Arnold Lawson, Medical Commandant of St. Dunstan's during the first World War, said, "In the case of the blinded man, the intellectual senses have been to a very large extent, dominated by the eyes and subservient to them."²⁰ St. Dunstan's found that blind veterans who had successfully completed vocational training made the best instructors, and often employed these men in that capacity in the later years of the war.²¹ Most St. Dunstaners were trained in one of eight occupations - braille shorthand, carpentry, mat-making, boot repairing, basketry, massage, telephone operating, and poultry farming.²² Dunstan's training program was advanced for its time, being the first to train numerous men as poultry farmers and telephone operators.²³ These specialized occupations required some individual talent, but once trained in one of them, a blind serviceman could successfully compete with his sighted competitors. A blind telephone operator could not, of course, use a flash-light type switchboard without the modern

18. A. Lawson, War Blindness at St. Dunstan's, p. 132.

19. Ibid., p. 139.

20. Ibid., p. 127

21. Ibid., p. 137

22. St. Dunstan's, Annual Report, 1929, p. 6.

23. Loc. cit.

adjustments for the blind, but most commercial houses of that time used the drop-shutter switchboard, and the operator could identify the calls by the dropping of the shutter.²⁴ Over 100 St. Dunstaners were trained and secured well paying employment in this field.²⁵ Those who enjoyed country life and had a sighted relative, preferably a wife, to help them, often chose to learn poultry-farming.²⁶ The training, which was initiated by Webber, a blind poultry expert, was partially conducted at a poultry farm at King's Langley. St. Dunstan's realized that a blind poultry-farmer's wife might also need training, and offered her a six weeks course in poultry-farming at the model farm in Midlands.²⁷ Poultry-farming was so popular with the men that by 1926 there were over 200 poultry farmers ~~in~~ in Britain who were graduates of St. Dunstan's.²⁸

The profession of message is especially suited to blind men, declares Pearson, since a blind masseur can compete on equal and, in the opinion of many, often on better terms than the sighted men of his profession.²⁹ H. E. Bruce Porter, the Commanding Officer of the 3rd London General Hospital, said that massage was "one occupation for which the peculiar qualifications of the blind man render him not

24. American Journal of Care for Cripples, The Care and Training of Blinded Soldiers and Sailors, March 1918, pp. 41-46.

25. I. Fraser, Whereas I Was Blind, p. 59.

26. Ibid., p. 60

27. American Journal of Care for Cripples, op. cit., March 1918, pp. 41-46

28. R. Allen, My Visit to a St. Dunstaner in England, Outlook FOR THE BLIND AND TEACHERS FORUM, May 1943, p. 133.

29. A. Pearson, Victory Over Blindness, p. 120.

merely as good, but positively betterx than the man who can see."³⁰ Those who observed the blind masseurs were very satisfied with their work, and the head of the massage department of the largest command depot wrote Pearson that the four St. Dunstaners in his employ were the best of his thirty-two employees, and asked for four more.³¹ Blind masseurs did well financially, but St. Dunstan's restricted itself to train only those with a delicacy of touch, and eliminated many blinded men who had previously done manual labor.³² Arnold Lawson, the medical commandant, stated that massage was obviously open only to those with the proper social qualifications and refinement.³³ The class in massage at St. Dunstan's also represented the pick of those men with a strong educational background, for St. Dunstan's contended that those with only a board school education were unlikely to prove good pupils in such subjects as anatomy, physiology, and pathology, which are necessary in training a masseur.³⁴ After finishing the course at St. Dunstan's, the men completed their training at the National Institute for the Blind Massage School and many were quickly placed as masseurs in the military hospitals and command depots.³⁵ Before the end of the war, more than

30. Loc. cit.

31. Loc. cit.

32. Lawson, op. cit., p. 137.

33. Loc. cit.

34. Loc. cit.

35. American Journal for the Care of Cripples, March 1918, The Care and Training of Blind Soldiers and Sailors. pp. 41-46.

sixty St. Dunstaners were employed as masseurs.³⁶

Still others with more than a primary school education were trained in secretarial work, and were successfully able to compete with sighted secretaries by taking notes in braille shorthand and then using the typewriter.³⁷ The majority of the men at St. Dunstan's, however, were trained in the less profitable home handicrafts, such as cobbling, carpentry, basketry, rug and mat-making.³⁸ The technique of teaching cobbling to blind men was perfected at St. Dunstan's, and after six or seven months of training, the average St. Dunstaner, in the opinion of Arthur Pearson, had the "ability to sole and heel a pair of boots as well as anybody in the kingdom."³⁹ Instruction usually lasted only four hours a day, split between the morning and afternoon, but even this was of ten considered too long a period. In the opinion of Arnold Lawson, St. Dunstan's medical commandant, studying was very tiring for the blind. He stated that, "If the work requires great mental exercise, it is bound to tire and strain much more than would be the case in a sighted person."⁴⁰

Carpentry was not previously considered a feasible trade for a blind man, but St. Dunstan's showed that although they could not be all-around carpenters, blind joiners could

36. A. Pearson, Victory Over Blindness, p. 119.

37. American Journal for the Care of Cripples, op. cit., March 1918, pp. 41-46.

38. I. Fraser, Whereas I Was Blind, p. 55.

39. A. Pearson, Victory Over Blindness, p. 139.

40. A. Lawson, War Blindness at St. Dunstan's, p. 139.

produce such saleable items as frames, tables, and corner cupboards.⁴¹ Basketry, mat-making, and netting crafts usually associated with the blind, were the least profitable and St. Dunstan's was continually forced to aid financially those in these crafts to make up for the advantage of sighted competitors. In shopkeeping, however, many of the men with retail experience proved so successful as to require no such aid.⁴² Cigar and cigarette making were also taught. Those who were interested were trained as piano tuners.⁴³

The eight, and later ten, occupations taught at St. Dunstan's were not, of course, sufficient for all, for the more educated trainees preferred, to return to their previous professions or to continue their education. Arthur Pearson, St. Dunstan's founder, personally organized the training of educated men and officers, a job in which he was successful.⁴⁴ Blind men who had been writers and journalists did not have much trouble upon their return. Fred Martin, who had been a reporter on the Morning Post before the first World War, entered politics, ran under the Liberal Party, and was elected to the House of Commons in 1922.⁴⁵ Former clergymen remained in their profession, and a few St. Dunstaners even studied for and were ordained ministers after they had been blinded.⁴⁶

41. American Journal for the Care of Cripples, op. cit.,
March 1918, pp. 41-46.

42. I. Fraser, Whereas I Was Blind, pp. 53-54

43. A. Lawson, War Blindness at St. Dunstan's, p. 138.

44. Ibid., p. 136

45. I. Fraser, Whereas I was Blind, p. 51.

46. Ibid., p. 46.

Although under a serious handicap, H. D. C. Lee, a senior lecturer at a large college before the war, returned to his position in 1919 and continued to do well.⁴⁷ St. Dunstan's encouragement was even more valuable for the men who were finding it most difficult to return. A manager of an industrial concern was rehired and proved that he could still handle his old position, an officer resumed his law practice, and two other blinded officers found a sighted partner and entered the insurance business.⁴⁸

Learning to be blind and training in one of the trades was a long and often discouraging task, but the "Spirit of St. Dunstan's," the high morale of its newly-blinded ex-servicemen learning together, earned the Lodge the title "The happiest house in London."⁴⁹ Maintaining a high morale within the group was not difficult during training hours, for learning a trade gave the men a feeling of independence. But St. Dunstan's realized that it was also its task to keep the morale high during the many hours of leisure time, and organized an active recreational program, which included weekly debates and concerts,⁵⁰ instruction in singing and musical instruments, and instruction and competitive participation in many sports.⁵¹ Rowing teams were organized and races were held in Regent's Park Lake.⁵² The men also participated

47. Ibid., p. 49

48. Lawson, op. cit., p. 136.

49. American Journal for the Care of Cripples, The Care and Training of Blind Soldiers and Sailors, March 1918, pp. 41-46.

50. Loc. cit.

51. Lawson, op. cit., p. 135

52. I. Fraser, Whereas I Was Blind, p. 41.

in sprinting races, a sport, that previously had been considered too difficult for blind men. Parallel steel wires eighty yards in length were stretched across the track and served to guide the men ~~xxx~~ running.⁵³ But probably the most popular leisure time activity at St. Dunstan's was dancing. Two dances were held at the Lodge each week, one of which was devoted exclusively to instruction. The other, and usually the more popular, was what St. Dunstaners referred to as a "regular ball" to which the trainees could invite their lady friends.⁵⁴

Officers at St. Dunstan's underwent the same training program as the men, but were housed separately in two commodious mansions on Portland Place, one of which was also the home of Arthur Pearson. Married officers rented nearby flats and travelled with the single officers to the Lodge each morning for their training.⁵⁵ Officers at St. Dunstan's had the use of the swimming facilities of the exclusive Bath Club, frequently spent summer weekends on the sea, and engaged in cycling ~~ah~~ and horseback riding. In general, the officers had better recreational facilities than the men. On Thursday evenings, the officers also enjoyed the company of some notables of British life who had been invited to Portland Place by Arthur Pearson in order to lead informal discussions.⁵⁶

53. Ibid. p. 43

54. American Journal for the Care of Cripples, The Care and Training of Blind Soldiers and Sailors, March 1918, pp. 41-46.

55. Loc. cit.

56. A. Pearson, Victory Over Blindness. pp. 185-188.

One of the officers in training at Dunstan's during the First World War was Ian Fraser, then a young subaltern, and at present, the head of St. Dunstan's. Fraser had been blinded in the Battle of the Somme in 1916 when only a youth of 18, and was taken to St. Dunstan's in London, where, within a year, he became Arthur Pearson's assistant. Upon Pearson's death in 1921, Fraser was appointed to his present position as chairman of St. Dunstan's, a job which eventually earned him a knighthood.⁵⁷ One of Fraser's main contributions to St. Dunstan's rehabilitation program was the formation of the "After-Care Department," which was originally organized to aid those craftsmen who faced strong sighted competition. The After-Care Department assisted craftsmen by supplying them with raw materials at cost price and by handling any product that the craftsmen could not themselves sell. The costs involved in transporting the manufactured article to London, handling, storing, and selling it, were absorbed by the After-Care Department. Local inspectors visited each craftsman every six weeks to help solve any problems that might have arisen and to correct any unnoticed mistakes that might have crept into their work. By 1921, 1200 Hind carpenters, cobblers, and basket-makers, and mat-makers, were being aided by St. Dunstan's at the cost of seventeen pounds a year per man.⁵⁸

57. I. Fraser, *Whereas I Was Blind*, pp.4-5;

58. A. Lawson, War Blindness at St. Dunstan's, pp. 139-142.

Though trained in one of the crafts and aided by the After-Care Department, the majority of the men at St. Dunstan's were forced to rely on the government pension for their financial independence. The government pension during the first year of World War I granted a private two shillings, six d per day, with small increments for non-commissioned officers.⁵⁹ The rapidly rising cost of living during the latter years of the war necessitated consistent increases in pensions, and by November 1918, men blinded in the service were receiving from 40 shillings a week for privates to 60 shillings for Warrant Officers, and a children's allowance, regardless of rank, of 7 shillings, 6 d for the first child, and 6 shillings for each succeeding child born within nine months after discharge from the service. The Ministry of Pensions also authorized a ten shilling a week allowance for a wife, if the marriage took place before the receipt of the wound that inflicted blindness. An original allowance of ten shillings a week for an attendant, was, during the war, raised to twenty shillings in any case where the constant attendance of a second person was necessary. An alternative pension in many cases. Those who took alternative instead of the flat-rate pension were allowed their pre-war salary plus sixty percent of that salary up to a total of five pounds a week.⁶⁰

59. Ibid., p. 111.

60. Ibid., pp. 115-116.

Eighteen months after the Armistice of World War I, over 1800 men had been blinded in the services. Of that total, twenty-six percent had not been wounded, but had instead been blinded by disease. Syphilis was the main offender, and those blinded by it were not allotted government pensions on the ground that the blindness was not directly incurred by military services.⁶¹ The Ministry of Pensions also refused to grant pensions to those men who had been allowed into the services with conditions which eventually caused complete blindness. Lawson felt that these men had been discriminated against unfairly. He wrote to the Pensions Appeal Tribunal of the Ministry of Pensions, and succeeded in having pensions granted to many of those who previously had been excluded.⁶²

War blindness did not end with the close of hostilities, for in 1920, two years after the armistice, St. Dunstan's admitted 106 men who had lost their sight as the delayed result of gas, head wounds, and exposure during the war.⁶³ A few score men a year became victims of delayed blindness for many years after, and raised the total of British and Empire soldiers blinded in World War I to nearly 3000.⁶⁴

The After-Care Department, which had been organized to aid craftsmen, was expended in this period between the wars. It initiated insurance schemes to protect widows, and provided

61. Ibid., p. 2

62. Ibid., pp. 121-125

63. St. Dunstan's, Annual Report, 1929, p. 16.

64. C. Mackenzie, A Task in India, Outlook for the Blind and The Teachers Forum. October 1942. pp. 211-213.

for holiday allowances, maternity allowances, and emergency allowances for sickness and accidents.⁶⁵ A children's allowance was also granted to those men who were not eligible for the government allotment because their children had been born more than nine months after their discharge from the service.⁶⁶ Over 220 blinded servicemen had been excluded from any government pension whatsoever because of various governmental restrictions, but were partially compensated by a St. Dunstan's allotment equal to one half the weekly government pension.⁶⁷ Convalescent homes were built at which every St. Dunstaner was given an annual two week rest without charge. Special homes also were constructed to care for the war-blind who were mentally ill, and to house those who had physical disabilities in addition to blindness.⁶⁸

This generosity, which also included the purchase of homes for many married veterans,⁶⁹ was made possible by world-wide contributions of from one half to three fourths of a million pounds per year. Most of the rest of St. Dunstan's huge expenditures, which, for example, amounted to 1,861,932 pounds in the fiscal year 1930-1931, came from various charitable organizations ~~xx~~ within the nation.⁷⁰ By an agreement with the British Legion four percent of the money from the sales on "Poppy Day" went to St. Dunstan's, which also helped to defray the cost of the after-care of nearly three thousand

65. Lawson, op. cit., p. 141

66. St. Dunstan's, Annual Report, 1929, p. 26.

67. St. Dunstan's Review, May 1944, p. 2.

68. St. Dunstan's, Annual Report, 1929, p. 14.

69. St. Dunstan's, Annual Report, 1929, p. 12.

70. I. Fraser, England's Blind World at War, Outlook for the Blind and The Teachers Forum, October, 1942, pp. 198-201.

blind veterans.

The years devoted solely to the after-care of World War I veterans came to an end in 1938 when the government realized the probability of another World War and asked St. Dunstan's to prepare for a new group of war-blind.⁷¹ When war arrived in September 1939, the Directors General of the Medical Services of the Admiralty, the War Office and the Ministry of Pensions conferred with Lt. Colonel Fraser and decided to completely eliminate the use of the 2nd London General Hospital by adding a hospital unit to Dunstan's new home at Brighton.⁷² This new home had been built in 1937 as a Convalescent and Holiday Home for the disabled and older World War I St. Dunstaners, but with the gathering of war clouds, the beautiful buildings on the Sussex cliffs near Brighton were converted into a hospital and training center for the newly-blinded of World War II.⁷³ The home, which was especially built for the blind, was constructed with each floor of the building exactly the same as the others, and with no steps around turns.

The first war patient at Brighton, a telegraphist in the navy who had been temporarily blinded by an accident, arrived in November, 1939, but was well within a few weeks and returned to duty.⁷⁴ Brighton remained St. Dunstan's war center for less than a year. With the fall of France in 1940, the hospital,

71. Mackensie, op. cit., pp. 211-213.

72. St. Dunstan's Review, September 1939, pp 2

73. St. Dunstan's News, March 1941, Volume 1, Number 1, p.2.

74. St. Dunstan's Review, November 1939, p. 1.

and training center, which was only eighty miles from the German occupied French coast, had to be evacuated to the village of Church Stretton, Shropshire,⁷⁵ where it remained until it was returned to Brighton in December 1945.⁷⁶

German bombers had hit Brighton before St. Dunstan's had decided to evacuate, but had not caused very much damage. The home of the Secretary to Director Fraser had been bombed, but the Secretary, fortunately, had escaped without injury.⁷⁷ Brighton was not the only part of St. Dunstan's that had been damaged, for the headquarters buildings in Regent's Park were almost completely destroyed during the heavy air raids on London in the winter of 1940.⁷⁸ Another German raid during the memorable Battle of Britain destroyed St. Dunstan's Talking Book equipment, but did not damage the master records, which were kept in another place.⁷⁹ In a later raid, in 1944, the Church of St. Dunstan's-in-the-West was damaged, but the famous clock that gave the church's name to this organization for the war-blind was untouched.⁸⁰

St. Dunstan's work in rehabilitating the blinded veteran of World War II followed the same general pattern as its work in the first World War. The training center at shropshire still taught the basic occupations that St. Dunstan's offered its men in 1915, but research in occupational rehabilitation had added thirty-one new occupations that men could learn at

75. I. Frazer, Whereas I was Blind, p. 82.

76. St. Dunstan's Returns to Brighton, London Times, December 19, 1945, filed with British Information Service, folder "Welfare-Blind".

77. I. Fraser, Whereas I was Blind, p. 81.

78. St. Dunstan's News, March 1941, Volume 1, Number 1, p. 4.

79. St. Dunstan's Review, November 1940, p. 1.

80. St. Dunstan's Review, April, 1944, p. 1.

St. Dunstan's. The sheltered workshop of craftsmen disappeared in this past war.⁸¹ The crafts associated with the blind are now used only as hobbies,⁸² and to sharpen the trainees' sense of touch. The reliable occupations of a generation ago, such as poultry farming, telephone operating, carpentry, and massage are still encouraged, but the unprofitable basket, mat, and rug-making, have been replaced by upholstery, market gardening, dog breeding, and the profitable industrial occupations.⁸³ In line with this new policy of trying to fit its men in business or industrial positions instead of sheltered workshops, St. Dunstan's in the early part of the war, created a Research Advisory Committee to find new occupations that would be suited for their newly-blinded. The committee, which was approved by the Ministry of Labour, found that blind men could successfully operate light power presses, could assemble base parts of rifle butts, make wire netting, and do bolting,⁸⁴ deburring, sand-blasting, gauging and inspecting, screw-tapping, dis-lapping, and polishing.⁸⁵ So successful was this committee in placing St. Dunstaners in industry that by 1943 over 100 men were working in aircraft and munitions factories doing work previously done by sighted men.⁸⁶ Many men worked as

81. St. Dunstan's Review, February, 1944, p. 1.

82. O. Day. Friends of the Sightless, January 9, 1946, p. 3,

83. filed with British Information Service, folder "Welfare-Blind".

84. Loc. cit.

85. St. Dunstan's, Through a World of Darkness, Regent's Park, London: p.2.

86. Rehabilitation and Vocational Training of Blind, October 14, 1943, p. 7, filed with British Information Service, folder "Welfare-Plind".

inspectors in aircraft plants, and their success was testified to by Colonel J. J. Mewellyn, Minister of Aircraft Production, who said that, "Many a pilot although he did not know it, had flown an aeroplane, a large part of which had been passed by a blind man as fit for flying."⁸⁷

Inspecting was only one of the jobs in industry at which St. Dunstaners became proficient. Paddy Cambell, the first Irish volunteer blinded in the past war, worked in an aircraft plant fitting delicate instruments into airplane panels, and became so skilled at the job that his output exceeded that of the sighted worker whose place he had taken.⁸⁸

St. Dunstan's had begun preliminary training even before the war. In 1935, under the suggestion of Ian Fraser and Harry Bennett, the present industrial director of St. Dunstan's, industrial machinery was introduced into its London workshop. This initial experiment was successful and led to the formation of an Industrial Department in 1941 and subsequent training in lathe operating, deburring, routing, and gauging.⁸⁹

Advancement was also made in the non-industrial occupations. In the first World War, St. Dunstaners trained in cobbling were set up in small shops or did their work at home but this method is now considered inadequate, and today from one half to a full dozen cobblers often work in the same shop

87. I. Fraser, England's Blind World at War, Outlook for the Blind and the Teachers Forum, October 1942.

88. I. Fraser, Whereas I Was Blind, p. 61.

89. Wittkower and Davenport, The War Blinded, Psychosomatic Medicine, March-April 1946, pp. 121-137.

under a sighted manager.⁹⁰ For those who want country life, training in poultry-farming has been supplemented with instruction in the care of small live stock such as pigs, goats, and rabbits, and training in fruit growing, market gardening, and greenhouse culture--all of which is handled at the training farm run by the St. Dunstan Country Life Department.⁹¹ Instruction is also given in dog-breeding, an occupation which has become very popular among World War II trainees.

St. Dunstan's by de-emphasizing the handicrafts in favor of industrial and commercial training, realized that academic training was important for young newly-blinded men. Many veterans had discontinued their formal schooling at the age of fourteen, and for these men St. Dunstan's began a program which included such general subjects as history and English.⁹² More time was devoted to braille than in the first war, and the requirements were stiffened in order to facilitate the reading of braille books.⁹³

As in the first World War, many St. Dunstaners returned to their pre-war occupations despite the difficulties involved. Notable examples were Esmond Knight and Beryl Sleigh, both of the theatre. Knight, a prominent stage and film actor, after only a few months at St. Dunstan's, returned to the theatre

90. Rehabilitation and Vocational Training of Blind, October 14, 1943. P. 4, filed with British information Service, folder, "Welfare-Blind."

91. St. Dunstan's, Services and Benefits, Regent's Park, London: pp.8

92. I. Fraser, Whereas I Was Blind p. 88.

93. St. Dunstan's Review, December 1940, p. 2.

as an actor and writer. Beryl Sleigh, an A.T.S. driver, is studying in the hope of resuming her work as a professional singer.⁹⁴ Probably the only blind constable in England is a St. Dunstaner, Alfred Lang, who, before the war, was a member of the Lancashire Constabulary. Lang was blinded by a mine in North Africa, went to St. Dunstan's, then to a radio school at the Scotch National Institute and finally reentered the Lancashire Constabulary as a radio operator.⁹⁵

The increased scope of World War II also increased the demands placed upon St. Dunstan's, and instead of caring for only blinded soldiers, sailors, and airmen, St. Dunstan's of this war trained blinded members of the Auxiliary Fire Service, Air Raid Precaution Service, the Home Guardsmen, the Nursing and Medical Services - as well as the many female members of the services.⁹⁶ All the service groups shared the war training center at Church Stretton, Shropshire, and with the exception of the officers and females, lived and worked together. There were more than a dozen cases of blinded servicewomen in World War II.⁹⁷ The preliminary training given the girls includes housekeeping and cooking as

94. I. Fraser, Whereas I Was Blind. p. 53.

95. St. Dunstan's Review, December 1944, p. 7.

96. St. Dunstan's Review, April 1941, p. 1

97. Blinded in the War Half the 1914-1918 Total. Scotsman. November 21, 1945, filed with British Information Service, folder, "Welfare-Blind".

well as the braille, typing, and personal care that are taught all St. Dunstaners. The girls have been especially successful as stenographers and typists, but training in braille shorthand often takes as long as three years.⁹⁸

Leisure-time activities at St. Dunstan's have not changed greatly since the first war, but there have been a few additions. The handicrafts are no longer vocations, but rather, are taught as hobbies.⁹⁹ A music school was started under Claude Campton and offered the men a concentrated music course and the opportunity to learn an instrument. A small dance band was formed among the men in the music school, and played at many dances held at the training center.¹⁰⁰ Dancing was as popular as ever with the men, and one man, Wally Thomas of Southhampton, although both blind and deaf, succeeded in dancing by having his partner tap the beat on his shoulder.¹⁰¹ The men engaged in many activesports including tandem cycling (with a sighted partner in front), rowing, and horseback riding. One courageous Canadian even rode with the Shropshire Hunt.¹⁰²

The After-Care Department of the first World War has been renamed the General Welfare Department, but has continued all previous benefits, besides initiating several others. St. Dunstan's previously had paid half the government pension to

98. Training Blind Housewives, Outlook for the Blind and The Teachers Forum, June 1944, p. 180.

99. O. Day, Friends of the Sightless, filed with British Information Service, folder, "Welfare-Blind".

100. C. Campton, Melody Brightens A World of Darkness, filed with British Information Service, folder, "Welfare-Blind".

101. All Are Blind, Evening Standard Reporter, September 29, 1945, filed with British Information Service, folder, "Welfare-Blind".

102. O. Day, Friends of the Sightless, filed with British Information Service, folder, "Welfare-Blind"

over 220 men who had been excluded from receiving government pensions, and on April 17, 1944, it was announced that these men would now receive from St. Dunstan's the equivalent of the full government pension.¹⁰³ In 1943, St. Dunstan's initiated a system of educational grants for the sons of indigent St. Dunstaners who wanted to continue their education. Under this system, a seventeen-year-old would receive eight pounds a term for the entire length of his schooling.¹⁰⁴ The General Welfare Department has also granted health and insurance benefits to those men who are not covered by the British National Health Insurance.¹⁰⁵

The Government National Insurance scheme covers blinded servicemen generally and specifically allots five shillings a week for the second and subsequent children of all disabled servicemen.¹⁰⁶ But even more valuable than any minor allotment is the opportunity to secure employment, which the British Government greatly improved by passing the Disabled Persons (Employment) Act, which provides that every British concern employing over twenty people shall hire a certain quota of disabled persons. The Ministry of Labor, on March 1, 1946, set the quota under the Disabled Persons Act at 2%, but under the provisions of the act, the Labor Ministry can increase

103. St. Dunstan's Review, May 1944, p. 2

104. St. Dunstan's Review, February 1943, pp. 1-2

105. St. Dunstan's, Services and Benefits, Regent's Park, London: p. 7.

106. St. Dunstan's Review, July 1945, p. 3.

that quote if there should be many additions to the disabled registration files.¹⁰⁷

The government's greatest effort in blind welfare was, of course, the weekly pension. The pension at the beginning of the past war was only 32s, 10d for a private as compared to the flat-rate pension of two pounds allotted to the blinded veterans of World War I.¹⁰⁸ The Ministry of Pensions attributed the difference between the pensions to the higher price level that existed in 1919 when the two-pound pension was granted.¹⁰⁹ St. Dunstan's felt that the system was unfair, and consistently demanded equalization. The weekly pension for privates of World War II had reached 37s, 6d by February 1942, but it was not until July 1943 that the pension reached the 1919 level of two pounds a week, plus a 10s allowance for a wife (if married before receipt of the wound causing blindness), and an allotment of 7s, 6d for the first child and 6s for every subsequent child. The government also lifted the restriction that prohibited allowances for children born more than nine months after their fathers' discharge from the service. At the same time, those blinded who earned less than a pound a week were classed as "Unemployable" and received a supplementary pension of 10s, plus an allowance for their wives and any children below

107. Disabled Persons Act, Outlook for the Blind and the Teachers Forum, February 1946, p. 47.

108. St. Dunstan's Review, February 1942, p. 1.

109. St. Dunstan's Review, February 1941, p. 2.

sixteen years of age. The government allowance for an attendant was also raised from 10g a week to a maximum of one pound for a doubly disabled veteran.¹¹⁰

The rising cost of living and the consistent demands of St. Dunstan's forced an appreciable raise of the government pension in February, 1946. This last raise increased the basic pension to 45g a week, with the usual nominal increase for each succeeding rank. The attendant allowance was again doubled to 40g a week for those men who were practically bedridden, and a hardship allowance of 11g. 3d was granted to those who could not obtain as well-paying a position as the one they held from 1939-1945.¹¹¹

St. Dunstan's has grown from the house on Bayswater Hill in 1915 to a series of training centers throughout the Empire. A desire to bring services directly to the war spread this string of outposts throughout the British Empire. A temporary training center to care for empire troops unable to reach England was established in Wynberg, South Africa in 1942 and continued to train South African and other empire troops until the center was closed at the end of the European War.¹¹² Donald McPhee, a former St. Dunstaner, founded a training center in New Zealand modeled after St. Dunstan's,¹¹³ and a similar one was established in Australia. But probably the most isolated outpost of St. Dunstan's was the training center built for blinded Indian servicemen on the edge of the Himalayas.

110. St. Dunstan's Review, January 1946, p. 6

111. Loc. Cit.

112. St. Dunstan's Review, March 1942, p. 1.

113. St. Dunstan's Review, March 1944, p. 1.

Clutha McKenzie, a New Zealander and a former St. Dunstaner, succeeded in founding this training center in spite of the prevalent superstitions about the blind. The small number of trainees were shy about learning a trade. The only occupation previously open to blind men in India was reciting prayers in the mosques and temples. The wives of St. Dunstan's Indian trainees also presented a serious hindrance to training. They feared that the sizable government pension would be discontinued if their husbands became employed. McKenzie succeeded in eliminating these fears, and he was able to train and establish many of the trainees as weavers and mat-makers.¹¹⁴

The number blinded in World War II was comparatively small. The latest published figures indicate that five hundred and sixteen men and women were blinded as compared to almost three thousand in World War I. Ian Fraser, Director of St. Dunstan's, however, declared that the several hundred blinded English prisoners of war returning from the Pacific, plus the expected cases of delayed war-blindness, would most probably raise the World War II total of British war-blind to almost fifteen hundred.¹¹⁵

St. Dunstan's has been successful in caring for the war-blind of World War I and in training the war-blind of World War II. The vocational rehabilitation program of recent years has succeeded in training and placing more than half of the

114. Clutha McKenzie, Training of the British Empire's War-Blinded in India, Outlook for the Blind and The Teachers Forum, p.p. 80-83.

115. Blinded in the War Half the 1914-1918 Total. Scotsman, November 21, 1945, filed with British Information Service, folder "Welfare-Blind".

graduates of St. Dunstan's in useful employment. As far as the war-blind of World War II are concerned, the sheltered workshop for the blind has been abolished.

The British Government, however, has lagged behind St. Dunstan's, having not yet arrived at a satisfactory pension program for the war-blind. The Ministry of Pensions still allots payments on the basis of rank, which in many cases deprives blinded privates of a decent standard of living. More inequality is added by the granting of a hardship allowance and an alternative pension to those men who are accustomed to a high standard of living.

But the step taken by the Government in passing the Disabled Persons Act has greatly increased the employment opportunities of the blind.

Those who favor governmental supervision of the rehabilitation of the war-blind use St. Dunstan's as a target. The private organization nevertheless stands out clearly as having done a job to the best of its ability. A favorite argument put forth by St. Dunstan's to justify its existence is that as a private organization it can devote more money toward the rehabilitation of the war-blind than can the Government itself.

CHAPTER VIII

France

Before 1790, there did not exist in France any legislation in behalf of the war-injured. Various rulers of the country had merely bestowed on them gifts of money and domiciliary institutions.¹

But in 1790, a law was passed which granted pensions to the war-injured. This was the action of an ever expanding policy of the government to assist the war-injured.²

The basis for all future governmental action was embodied in the Law of 1831. The law classified injuries into four main groups. The first, which included blindness and the loss of two limbs, was given the maximum retirement pension, plus thirty percent (of that pension) for non-officers, and twenty percent for officers.³ It should be noted that the law of 1831 was intended for a professional army, and that consequently pensions were fundamentally based upon retirement pay. It soon became evident, however, that with volunteer or drafted armies a change in legislation was in order.⁴

On July 23, 1887, a ministerial decree established belatedly a standard of payment for the several groups or classifications of injuries created by the law of 1831.

1. Marcel Lehmann, Le Droit des Mutiles, p. 9.

2. Ibid. p. 10.

3. Ibid. p. 15.

4. Ibid. p. 18.

It was called the "Echelle de Gravite" or scale of invalidity. Besides adding two classifications to the existing four, the decree provided 975 francs per year to the war-injured covered by the first classification. (This, as was pointed out, included blindness.) On July 13, 1917, the amount was increased by 225 francs per year, bringing the total to 1200 francs per year.⁵

A decree of September 16, 1916, established the first provisions for those not totally blind. It put under the first classification of injuries, those who were blind in one eye and partially sighted in the other. In fact, all those who found their eyes valueless to them in work were considered blind.⁶

After World War I, the basic law of 1831 was further amended.⁷ The following were the amounts awarded per year to the war-blind:

general of division: 12,600 fr.

general of brigade: 9,600 fr.

colonel: 7,200 fr.

lieutenant-colonel: 6,000 fr.

chief of battalion: 5,025

captain: 4,905 - 4,185 fr. (depending on various distinctions of captaincy rank existing in the French Army)

5. Ibid., p. 15.

6. P. de Lapersonne, Rehabilitation of Blinded Soldiers in France, Publication of the Red Cross Institute for the Blind Series I, Number 4, 1919, P. 7.

7. H. Truc, Soldats Aveugles, p. 26.

lieutenant: 4,185-3,645 fr. (idem)

2nd lieutenant: 3,685 - 2,985 fr. (idem)

chief-sergeant: 1,785 fr.

sergeant: 1,655 fr.

corporal: 1,395 fr.

private: 1,200 fr.⁸

As World War I drew to a close, the number of blind soldiers naturally increased. By 1918 there were at least 3,000 war-blind in France.⁹

A new measure was adopted on March 31, 1919. Article 4 of Title I stated that pensions were to be established according to the degree of invalidity.¹⁰ Furthermore, according to Article 9, the invalids, at the time that they underwent a medical examination with the intention of obtaining a temporary pension, had the bill for a private examination paid by the government.¹¹ (An official decree signed by the Minister of War, drew up a new scale of invalidity which went into effect on May 29, 1919.)¹² Article 10 granted the right of hospitalization to those invalids who were incapable of moving about or of meeting the ordinary needs of daily living because of their infirmities. The expenses of this hospitalization were to be withheld from

8. G. Lassudrie-Duchene, Les Pensions de la Guerre, pp. 218 - 220.

9. Loc. cit.

10. A.-F. Dupuy, Les Pensions d'Invalidite, p. 132.

11. Ibid., p. 134

12. C. Flutet, Manuel Pratique sur les Pensions Militaires, pp. 225-226.

whatever pension the invalid had been granted.¹³ When a man did not receive the right of hospitalization, or ceased to receive it, and he lived at his own home and was obliged to acquire the services of another person, he was entitled to a special allotment representing an increase equal to one-quarter of his pension. Both the right to hospitalization and to this increase in pension were determined by the commission that decided upon the degree of invalidity.¹⁴ It will be remembered that the pension of soldiers suffering from 100% invalidity was but 1200 fr. per year before World War I; it was now raised to 2400 fr. Furthermore, the increase of 25% for non-hospitalized soldiers was calculated on the basis of the total pension plus its complement. This rule covered single or multiple wounds. A soldier, for instance, who was blinded and had undergone two amputations as well, was entitled to 4,250 fr. per year.¹⁵

The following were the amounts awarded per year to the war-blind by the law of March 31, 1919:

general of division: 12,000 fr.

general of brigade: 10,000 fr.

colonel: 8,400 fr.

lieutenant-colonel: 6,800 fr.

chief of battalion: 6,250 fr.

captain: 5,150 - 4,400 fr. (see previous list)

lieutenant: 4,200 - 3,650 fr. (idem)

13. A.-F. Dupuy, op. cit., p. 134.

14. Ibid., p. 134.

15. G. Lassudrie-Duchene, op. cit., p. 26.

2nd lieutenant: 3,600 - 3,000 fr. (idem)

chief-sergeant: 2,400 fr.

sergeant: 2,460 fr.

corporal: 2,430 fr.

private: 2,400 fr.¹⁶

It should be noted that the law of March 31, 1919 did not altogether abrogate previous legislation. These laws remained in force insofar as they might be more favorable to those concerned than the provisions of the new law. A blind soldier could therefore place his claim on either the provisions of the law of March 31, 1919 or on the provisions of the previous legislation.¹⁷ His own best interest was to determine his choice.

Pensions for the French war-blind of World War I were continually raised. A law of July 31, 1920 raised the pension to 6,000 francs per year.¹⁸ On March 22, 1935, it was raised again, this time to 9,800 francs per year. This sum was increased by six percent, on December 18, 1937, and by ten percent, on July 17, 1938. As a result the war-blind of World War I received pensions of 11, 368 francs per year by 1938.¹⁹

Having dealt with the development of pensions for the war-blind of France, the rehabilitation of the French war-blind will now be considered.

16. Ibid., pp. 250-253.

17. Ibid., pp. 31-32.

18. The International Labor Office, Studies and Reports, Series E, Number 1, Compensation for War-Disablement in France, p. 25.

19. Dupuy, op. cit., p.178

It should be noted first that a good deal of interest in the war-blind of World War I was promoted by the unselfish efforts of many distinguished Frenchmen. In their exhortations to their fellow-citizens they obtained results by emphasizing again and again the basic needs and problems of the war-blind. Outstanding among them were Marcel Block and Eugene Brieux, the noted member of the French Academy.

A point which was continually emphasized by those concerned with the rehabilitation of the blind, was that they should as quickly as possible regain their former places in their homes and communities.²⁰ It was evident therefore, that the blind soldier had to, in some way, obtain a skill for ~~and~~ making a livelihood. Special schools were organized for this purpose. One of the most important was the Convalescent home for Blind Soldiers in the Rue de Reuilly. It was established by Brisac, Director of the Bureau of Public Aid in the Ministry of the Interior. This governmental enterprise was aided by the Society of Friends of Blind Soldiers which volunteered to teach every blind soldier a trade.²¹ The school was started with forty students, but soon the number rose to two hundred. So rapid was its growth that branches had to be established. The organization of these branches was entrusted to Eugene Brieux by the Minister of the Interior.²² Brieux developed these branch-institutions with

20. Eugene Brieux, Nos Soldats Aveugles, p. 5.

21. de Lapersonne, op. cit., p. 4.

22. Ibid., p. 5.

the help of Justin Godart, Under-Secretary of State and Director-General of the Health Department of the Army, and with the help of the Minister of the Interior.²³

Here follows a daily schedule of activities at the Clermont branch in the years immediately after World War I:

6:30 rising, 7 breakfast, 7:30-11 workshop, at 9 a half hour rest, 11 lunch, 12-2 play, walking, rest, 2-5:30 workshop, at 4 a half hour rest, 5:30 dinner, 9 retiring.²⁴

The teaching of trades was efficient. The making of brushes was often learned in one day and skillful workers soon earned about 5.50 fr. per day.²⁵ Various other vocations were taught, including the repairing of chairs, shoemaking, leatherwork and printing. In Printing, a system devised by Ernest Vaughan was used.²⁶

During and after World War I laws were adopted for the benefit of unemployed disabled soldiers. In cooperation with the Ministry of Labor, the War Office created a National Placement Service, located in Paris. In addition, separate employment offices for disabled servicemen were opened throughout France.²⁷ These offices worked with the National Placement Service and were directed by the governors of the

23. G. Desdèvises Du Dezert, Pour la Maison de Reeducation des Aveugles de la Guerre a Montferrand, p. 15.

24. Ibid., p. 19.

25. Ibid., p. 11.

26. E. Vaughan, La Reeducation Professionnelle des Soldats Aveugles, p. 107.

27. Grace S. Harper, Report on Professional Re-education for War-Cripples in France, p. 29.

departments in which they were located. 12,957 positions were found for disabled soldiers between February 1916 and October 1917, while the average number of positions found during the previous nine months had been 432 per month.²⁸ The number of war-blind who profited was not recorded, but application was open to any injured soldier.²⁹ Consequently it is believed that some of the war-blind did profit from these provisions.

The law of January 1918, granting the right of vocational rehabilitation to disabled soldiers, stated that the request for registration in a school * could be sent either to the school itself or to the governor of the department in which the applicant lived before the war, or to the departmental Committee on Invalids of that department, or to the National Bureau for Invalids. This Bureau was created by the law of January 1918. It established the general conditions under which work-contracts could be drawn up.³⁰ The applicant, however, could be apprenticed to a particular employer, if he so desired.³¹ By January 1, 1923, about 60,000 of the war-injured of World War I had enrolled for training.³² 38,000 of them satisfactorily completed their courses. Again, the number of war-blind who benefited was not recorded.

28. *Ibid.*, pp. 29-30.

29. *Ibid.*, p. 31.

30. Flutet, *op. cit.*, pp. 207-208.

31. *Ibid.*, p. 208.

32. *Ibid.*, p. 208, Note 2.

In 1924 a compulsory Employment Act of the Disabled was passed. Employers were given two years in which to adjust their staffs. The Ministry of Labor in cooperation with the departmental authority for the war-disabled determined which places in each line of industry were to be allocated for disabled ~~re~~ servicemen. Blind men, and more generally those whose capacity had been reduced by 80%, received double priority for employment. A state commission set standards for wages and other employment matters. By the decrees of April 3, 1925 and of August 6, 1927, those discharged from employment were provided with equivalent positions.³³

The combination of workshop and school constituted the basic element in the rehabilitation of the French war-blind. Workshops and schools were organized throughout France with the approval of the Ministries of War and Interior. Single men were housed and fed in common, while the married lived in town, in apartments, with their wives and children. All, however, worked together under the instruction of blind and sighted civilian teachers.

The following is a typical schedule of activities, prevailing in the region of Montpellier immediately after World War I: The working hours were 8-12, 2-4, 5-7, a total of 8 hours. Breakfast was at 7:30, lunch at 12, afternoon meal at 4, and dinner at 7. Wednesday morning was devoted to bathing, showers, athletics. Sunday was spent in rest,

33. Larousse, du vingtieme siecle, Mutilé.

receiving visitors, walking, occasional visits to the theatre.³⁴

Recent governmental activities indicate that France has resumed the efforts in behalf of the blind along the lines followed after World War I.

On July 3, 1945, a declaration concerning the social protection of the blind came into existence in France. It was signed simultaneously by the head of the government, De Gaulle and by the Ministers of Public Health, Justice, Interior, Finance and Work and Social Security. Its avowed purpose was to complement and solidify the work of various groups working for the blind, and also to remedy the deficiencies of private efforts. The Ministry of Health was to issue a card of invalidity, indicating the exact nature of the infirmity. The use of white canes was to be strictly controlled and legal prosecution was to follow the illegitimate use of either card or cane.

The declaration pointed out that a previous law of July 14, 1905, had neglected most blind who were in some way employed. The declaration further took cognizance of the handicaps that faced blind workers where they had to compete with sighted workers. The proposed law, therefore, intended to eliminate these inequalities, to encourage work for the blind, to train the blind vocationally and also to get the non-war-blind an annual subsidy instead of the deficient

34. Truc, op. cit., pp. 38-40.

provisions of the law of 1905.

The following are the important articles of this decree:

Article 1: The present declaration covers all Frenchmen who have been blinded and whose central vision is nil or lower than $1/20$ of normal. The exact nature of blindness will be stated on a card of invalidity to be issued by the Ministry of Health upon information received from special commissions in each section of France. All illegitimate use of this card will be punished by fines ranging from 200-500 fr. Upon second illegal use a prison term of 6 days-1 month may be imposed in addition to a fine.

Article 4: An annual subsidy is granted in line with the laws of 1905, March 1944 and July 1944. Those, however, whose blindness is due to work-accidents or to wounds incurred during the war, are excluded; for these get special accident or war-invalid pensions.³⁶

The French program for the war-blind of World War I compared favorably with the programs for the war-blind, after World-War I, in other nations. In the centers of rehabilitation (combinations of schools and workshops) the war-blind were taught to use the tools and methods of the blind and instructed in a trade. The national quota system for the employment of the disabled made the placement of these men less difficult. ~~But~~ Just how many of the three thousand war-blind of World War I were successfully placed in employment, was not recorded. France, like Great Britain and the United States

36. This material is taken from the Journal Officiel de la Republique francaise, ~~fixtix~~ Number 156, July 1945, p. 4059.

after World War I, was negligent in keeping adequate records on the war-blind.

The French program for the war-blind of World War II has only very recently been initiated. ~~xxxxx~~ Practically no information about it, or of the war-blind themselves, is available at present.

CHAPTER IX

GERMANY

In Germany, as in the other nations considered, the main governmental provisions for the war-blind were concerned with pensions and rehabilitation. The important developments in both pension legislation and the establishment of programs of rehabilitation, in Germany, date from the beginning of the twentieth century.

The military pension law of May 31, 1906, granted the following sums to the war-injured:

lieutenant: 900 mks. per year
master-sergeant: 720 mks. per year
sergeant: 600 mks. per year
private: 540 mks. per year

According to section 13 of this law, the sums for those totally blind were increased by a double indemnity of 54 mks. per month, and according to section 14, by a war-subsidy of 15 mks. The total sum, therefore, to which a war-blinded private was entitled, was 114 mks. per month, or 1368 mks. per year.¹

On May 31, 1906, there also went into effect an invalid pension law for officers. It granted to those totally blind an invalid subsidy of 1800 mks. per year; in addition it entitled them to a military subsidy ranging from 720 to 1200 mks.²

1. Carl Strehl, Die Kriegsblindenfürsorge, pp. 103-104.

2. Ibid., p. 104.

In April 1916 the number of war-blind in Germany was about 300.³ This number increased to 872 in 1916, and to 1954 in 1918.⁴

After World War I the Ministry of War established a definition of blindness for pension purposes. Following careful study of the problem by Paul Silox, all the war-blind were divided into two broad categories: the totally blind and the blind with vision of no practical value. A subsequent classification divided the war-blind into:

1. Those with no light perception at all;
2. those able to distinguish between light and dark and to see the movement of a hand before their eyes;
3. those with visual acuity of $1/30$ or less regardless of their field of vision;
4. those with visual acuity of $1/20$ - $1/30$ with a limited field of vision.⁵

For general purposes the official definition of blindness was given in connection with the Reich Relief Law of May 12, 1920. It concerned only officers and men blinded in war and considered as blind all those whose sight was not above four percent of normal.⁶

The rising cost of living made it necessary to increase

3. Fanny Boehringer and Deontine Simon, Die Unterbringung der Kriegsblinden, p. 4.

4. Strehl, op. cit., p. 69.

5. Karl Sobotka, Das Deutsche Blindenwesen von Gesichtspunkte der Wohlfahrtspflege und Sozialpolitik, p. 22.

6. Health Organization, League of Nations, Report on the Welfare of the Blind in Various Countries, p. 87.

pension awards to privates from 45 mks. per month to 95 mks. by the end of 1918. On December 31, 1918, another increase occurred when they were granted 27 mks. more per month. On June 1, 1919, the rising prices again made it necessary to raise the award by the addition of 74,40 mks. per month. Still another increase of 73.15 mks. per month was granted on May 1, 1920. The final provision for pension awards to blinded privates amounted to 338.55 mks. per month.⁷

The law of May 12, 1920 eliminated the consideration of the military rank of a blinded veteran in regard to awarding pensions. Only a man's position in society and the cost of living in his own community were to affect his pension award.⁸

The following provisions of this basic law were most significant. Each of the war-blind was to receive a guide-dog. Yearly sums were to be granted for the support of the dog, and these sums were to vary according to the cost of living in the home community of the blind veteran. The law also specified that the pension of a blind veteran was to be increased by 35 to 70 percent, if, before his entry into the Army, he was in a profession that demanded superior skill or knowledge.⁹ It was provided also that a grant be made to every blind veteran who had a residence of his own for the purpose of helping in its support.¹⁰

7. Strehl, op. cit., p. 104.

8. Ibid., p. 105.

9. Jahrbuch der deutschen Kriegsoffer: 1934, pp. 45-50.

10. Ibid., p. 51.

Those of the war-blind who required it also received a subsidy to be used for the expense of constant attendance. The maximum amount granted was 600 mks. per year. This amount could be increased, according to the severity of a particular case, to 900, 1200 or 1500 mks. a year.¹¹

Those of the war-blind who could not be rehabilitated vocationally were given, in addition to their pension, 504 mks. a year. Additional amounts of 108 mks. a year for each child of these war-blind were also granted.¹²

To assure the war-blind the full benefit of the various grants to which they were entitled, a law exempted them from the payment of taxes on these grants on December 22, 1927.¹³

By 1927, the various laws on pensions and awards, and the various interpretations of these laws, provided the war-blind with definite amounts of money per month. The table that follows points out these amounts to those of the war-blind who were single, married but without children, married and with one child. The cost of living in the region in which a blind veteran resided also determined his total grant, and geographical regions throughout Germany were classified as to the cost of living that prevailed in each. The table, therefore, also points out the class number of

11. Ibid., p. 52.

12. Ibid., p. 57.

13. E. Lappe, Wie Wird der Soldat Versorgt?, p. 18

these regions.

DOMICILE-CLASS	SINGLE	MARRIED NO CHILDREN	MARRIED ONE CHILD
Special	76.70	84.35	99.70
A	73.75	81.15	95.90
B	72.	79.20	73.60
C	69.60	74.	87.45
D	59.	64.90	76.70
			14

These provisions remained intact until July 3, 1934, when a law was passed which increased the pension award to the war-blind to 60 mks. a year.¹⁵

The financial aid given the war-blind by the government, as well as the aid in rehabilitation, (to be described in the following paragraphs), was stimulated greatly by the war-blind themselves. An organization of the German war-blind, known as Bund Erblindeter Krieger, was created March 5, 1916 in Berlin. Before the outbreak of World War II, the organization included the majority of the German war-blind.¹⁶ In 1926, it had 2,706 paying members out of a total number of 2,800. Its publication was "Der Kriegsblinde."¹⁷ In 1932, the organization had more than three thousand members. Its official connections with the government were strengthened in 1934, when it was given a building for its use in Berlin by Hitler. The building included a braille library, a museum

14. Jahrbuch der deutschen Kriegsoffer: 1934, p. 58.

15. Jahrbuch der deutschen Kriegsoffer: 1935, p. 40.

16. Sobotka, op. cit., pp. 70, 74.

17. Heinrich Peyer, Blindenhandwerk und Blindenhandwerksgenossenschaften, p. 21.

and living facilities for visiting war-blind. Throughout, private donations and governmental subsidies, plus the dues of the members, supported the organization.¹⁸

Re-education for blindness of the war-blind in Germany, as elsewhere, was extensive during World War I. An initial step in the training of the German war-blind resulted from the private effort of Paul Silex, who started a "lazaret" school for a small number of war-blind.¹⁹

The governmental effort in the rehabilitation of the war-blind, however, was begun shortly before the end of World War I. The Medical Department of the Prussian ministry of war instructed the directors of all "lazarets" to initiate basic instruction for the war-blind in their charge. (At that time the war-blind were receiving only medical and surgical treatment in the "lazarets".) The orders were followed, and instruction in braille, typing and orientation in general was begun. On May 12, 1920, a law was enacted which provided that the war-blind should be afforded vocational training. Some of the vocations in which the war-blind were trained at this time, were piano tuning, carpentry, gardening, book-binding and massage.²⁰ The initial results of the training were encouraging; sixty percent of the trainees were placed.²¹

18. Sobotka, op. cit., p. 75.

19. Strehl, op. cit., p. 61.

20. Strehl, op. cit., pp. 50, 52-53.

21. Ibid., p. 68.

A law which facilitated the placement in employment of the war-blind was passed on February 8, 1919. It established, as part of the Reich Labor Office, a commission for the war-disabled. One of the main purposes of the commission was to investigate employment possibilities for the disabled.²²

The findings of the commission were instrumental in preparing the German government to establish a quota system for the employment of the disabled. In 1920, employers were compelled by law to hire two percent of their employees from among war-disabled. In 1923, all blind persons, regardless of the cause of blindness, became eligible for employment under this system.²³ In the same year the entire quota system underwent a change. The revision provided that the minister of labor was to determine the percentage of positions which private employers had to reserve for the disabled. Two percent of all positions, however, was the maximum, unless consent was obtained to raise it from the Reichstag Committee for Social Affairs.²⁴

Once hired, the disabled could be discharged only with the consent of the Central Welfare Office. For the breach of the law for the compulsory employment of the disabled, an employer could be fined up to ten thousand mks. for a first offense, and up to one hundred thousand for a second.²⁵

By March 1927, 307,000 disabled persons were in employment under the quote system. Of these, 268,000 were war-disabled. Of the two thousand war-blind calculated to have existed in Germany in 1924, only three hundred and three had not been

22. Health Organization, League of Nations, Report on the Welfare of the Blind in Various Countries, p. 183.

23. Ibid., p. 53.

24. Ibid., p. 183.

25. Ibid., p. 184

placed in suitable employment by March, 1927.²⁶

The earning power of the blind compared favorably with that of the sighted. In industry, they earned about 5.50 mks. a day. In commercial positions, including typing and stenography they earned about as much.²⁷

The vocational training centers for the war-blind were scattered throughout Germany. The one at Baden was typical. It consisted of facilities for the intensive training of the war-blind in various trades and for housing them during training. Upon graduation, the trainees received tools and materials ^{to} work up to 1,200 mks. for his personal use.

Besides industrial and commercial training, the war-blind were also afforded opportunities for professional training and higher education. The supplies of braille books in existing libraries were increased for the benefit of the war-blind. The "Verein Blinder Akademiker Deutschlands" was organized in Marburg for the purpose of copying into braille textbooks in Hebrew, Latin and Greek for those students among the war-blind who required them. The National Committee for the Care of the War-Disabled, which had a subcommittee concerned only with the war-blind, founded an association to assist the war-disabled with their studies. For the blind, an institute was established at Marburg.²⁸

The German program for the war-blind of World War I, necessitated the annual spending, for about ten years, of 22,671,000 mks. by the government alone. The amounts spent by

26. Ibid. p. 185.

27. Red Cross Institute for the Blind, Publication Number 5, Series I, Abstract Catalogue of Literature on the War-Blinded, 1919, p. 12.

28. Ibid., p. 12.

private agencies are inestimable.

Some of the German war-blind of World War II were well along toward rehabilitation when the Nazi government collapsed. A number of others, as prisoners of war in Great Britain and the United States, received some rehabilitation. But regarding the vast majority of the German war-blind of World War II practically nothing is known. There is no German government, so obviously there can be no German governmental program designed for the war-blind. The Allies in their zones of occupation have not extended the benefits of their own programs to the German war-blind.

The German program for the war-blind was scientific and thorough. If the standard of whether a blind man is employed is used to judge adjustment to blindness, then Germany's program was highly efficient. As to pensions, fairness was sought, but the instability of German economic life, with its inflations and fluctuations of the mark made a fixed stipend, although periodically raised, far from a guarantor of security. Wisdom was shown in varying the stipends according to the cost of living of a particular region, but the distinctions in stipends dependent upon previous economic position were as undemocratic as they were in Great Britain. In its compulsory employment laws of the handicapped by industry, Germany pioneered in a realism which was immediately followed by France, belatedly by Great Britain and not at all by the United States. German realism was also exhibited by the provision which supplied guide dogs to those of the war-blind wanting them, a provision only recently adopted by the United States. The other aspects of the program, re-education and social adjust-

ment, were advocated and fulfilled with decided thoroughness,

This program came to fruition during the prime of the Weimar Republic. Of all the World War I programs for the war-blind it stood out as the most efficient.

From the examination of the program for the war-blind in Germany, as well as from the examinations of such programs in France and Great Britain, it is seen that the present American program for the war-blind can be improved in two major respects.

First, In all of these nations, there were no separate or distinct subsidiary programs under the army and navy. All blinded servicemen, soldiers, sailors, airmen, came under the immediate surveillance of a centralized program. They all received the benefits of accumulated facilities, supplies and experienced personnel.

In the United States, as has already been pointed out, the Army and Navy each sponsor a separate subsidiary program. Only upon discharge from the Army and Navy, do blinded servicemen come under the single program of the Veterans Administration. By then, it is assumed in most instances that these men require only vocational rehabilitation. It is taken for granted that in either the Army or the Navy they received an adequate re-education for blindness.

In a single centralized program, misjudgments in regard to the degree of rehabilitation achieved by blinded servicemen would be less likely to occur. Furthermore, since the initial stages of rehabilitation are very significant in determining adjustment to blindness, immediate contact with a centralized program, with its accumulation of facilities, supplies, and experienced personnel, is highly desirable.

Second; In all of these nations, quota systems for the employment of the disabled were established. Employers were required by law to hire a percentage of their employees from among the disabled. The blind profited along with the other disabled.

In the United States, where no such provision exists, employment of the disabled is not as extensive as it was in Germany, France and Great Britain. Compared with the methods of assuring employment of the disabled in these nations, the methods of the United States are failing.

It seems clear then, that the present American program for the war-blind can be improved by greater centralization and by the passing and implementing of a law for the compulsory employment of the capable disabled.

PART V

FINAL STATEMENTS

CHAPTER X

SUMMING UP

The investigation first revealed that legislation designed to aid the war-injured has always existed in the United States. The belief in such legislation was inherited from England, bringing about, in 1636, the enactment by the Pilgrim Court of the first law in behalf of the war-injured in the American colonies. In 1776, the Continental Congress passed a similar law, establishing on a national scale the principle that those who are injured in the military or naval service of their country are entitled to be recompensed. With the adoption of the Constitution, in 1789, this principle stood firm as part of the policy of the new government.

From 1789 until the present, development of legislation for the war-injured has proceeded steadily. Beginning with laws that granted pensions, the development has witnessed the enactment and carrying-out of laws for the establishment of domiciliary care, hospitalization and programs of rehabilitation. No other nation has treated its war-injured as generously as has the United States.

Consideration was then given to the efforts of the Federal Government in behalf of the war-blind specifically, in the years preceding World War II. The first reference to the war-blind by the Federal Government, it was observed, occurred in the law of July 4, 1864, which granted \$25 per month to veterans who had lost the sight of both their eyes. Subsequent laws continually raised the amounts that were awarded.

Programs of rehabilitation for the war-blind were inaugurated simultaneously with programs of rehabilitation for the other types of the war-injured, when the United States entered World War I. Rehabilitation of the blind was begun immediately after injury in the Army base hospitals in France. It was recognized that the capacity for adjustment and the morale of a blinded serviceman depended, to a considerable extent, on how immediate was his subjection to a process of rehabilitation. But it was not recognized that compulsory training of the war-blind was necessary. When a man was discharged from the service, after only initial rehabilitation, he was requested to attend the training center for the war-blind at Evergreen, Maryland. Many refused.

The center at Evergreen, known at various times as Base Hospital No. 7, The Red Cross Institute for the Blind, and the Veterans' Bureau School for the Blind, was opened in the summer of 1917 and closed in the summer of 1925. During that time, it trained fully or ~~partially~~ partially about six hundred of the war-blind of World War I.

The program at Evergreen aimed to prepare the war-blind to lead "normal lives." Courses were given in braille, typing, and academic, avocational and vocational subjects. The vocations taught were varied, including tire-vulcanizing, cigar-making and poultry-raising. The wives or other members of the families of the blind men were often also trained at the center.

No exact accounting of the number of the American war-blind of World War I was ever made. The figure released by

the Surgeon-General's office was premature. The figures of the Veterans' Bureau included the war-blind of other wars. In the absence of full records only an estimate can be made. It is known that about six hundred attended the Evergreen center. Two hundred others took training elsewhere, chiefly in workshops and schools for the blind. At least two hundred more ~~underwent~~ underwent no training at all. It is estimated then, that by 1925, immediate and delayed causes of blindness were responsible for the creation of a total of one thousand American war-blind of World War I.

The program for the war-blind of World War I was deficient in yet another respect. No attempt was made to maintain follow-up records of the trainees. It is impossible, therefore, except in a relatively few cases, to judge accurately the results of the program. The records that do exist, however, make it clear that the war-blind with whom they deal, succeeded socially and economically.

When it is realized that the program for the war-blind of World War I was a pioneer venture in rehabilitation, severe criticisms in light of the future developments in the rehabilitation of the blind, cannot be justified. The mistakes that were made later proved instructive in the establishment and functioning of the program for the war-blind of World War II.

The American program for the war-blind of World War II (the present American program) functions under three divisions. Profiting by the experience of World War I, the Army and Navy in their programs make it compulsory for blinded servicemen to undergo rehabilitation. Only after

this are the blind discharged. Then they come under the program of the Veterans Administration. It is under this program that pension and other legislation for the war-blind and vocational rehabilitation are administered.

The Army program is being carried on at three centers. At Valley Forge and Dibble General Hospitals, the blind learn to overcome some of the physical limitations of their disability, while receiving medical and surgical treatment. They learn to get about by themselves, to use braille and the typewriter, and to meet the ordinary needs of daily living.

When surgical and medical treatment have been completed, the blind are sent to Old Farms Convalescent Hospital -- the Army's social adjustment Center for the blind. There, the aim is to prepare the blind to enter the community of the sighted. They are taught more thoroughly the use of the tools and methods found effective by those accustomed to blindness. They also receive prevocational training.

The Navy program for the war-blind is centered almost entirely at the United States Naval Hospital in Philadelphia. But the trainees also spend two weeks at the New York Institute for the Education of the Blind. The period at the Institute is primarily devoted to testing.

At the Philadelphia Naval Hospital the same objectives are sought as at all three centers of the Army combined. Medical and surgical treatment are provided. Attempts are made to teach the blind to be blind efficiently.

Only the passage of time can prove whether the Army or the Navy had a better program for the rehabilitation of the blind. But by comparing techniques of rehabilitation employed

the personnel involved, and the facilities made available, it is possible to make some valid preliminary comparisons between these programs.

In travel instruction the Army developed and used a foolproof cane technique. The Navy neither availed itself of this technique nor employed an equally workable substitute.

The Army used blind consultants to make the initial contacts with the war-blind. The Navy failed to perceive the psychological importance of such consultants.

The Army hired civilians when its own personnel was inadequate: for example, occupational therapists and instructors of typing and braille. The Navy did not hire civilians, nor did it have among its own personnel more than a few men experienced with the blind.

The Army established a social adjustment center for the blind. The Navy felt that such a center was unnecessary. A number of blinded marines and sailors, however, upon discharge, were not of the same opinion. They requested the Veterans Administration to send them to the Army's social adjustment center for the regular course.

Although these comparisons between techniques, personnel and facilities turn out in favor of the Army, it does not necessarily signify that in the long run blind soldiers will be better adjusted citizens than blind marines and sailors.

The program of the veterans Administration, the third division of the over-all program for the American war-blind of World War II, has four main aspects.

First. The Veterans Administration administers Public

Law 182, Seventy-Ninth Congress, and Public Law 309, Seventy-Eighth Congress. Under Public Law 182 pensions are granted the war-blind of World War II; \$200 per month, if the visual acuity in both eyes is 5/200 or less; \$235 per month, if, in addition to this visual acuity, constant attendance is required; and \$265 per month, if the anatomical loss of both eyes has been suffered. For a disability in addition to blindness \$35 per month is granted, but the total grant per month is not allowed to exceed \$300. Under Public Law 309, the war-blind are provided with mechanical and electronic equipment for overcoming the handicap of blindness.

Second. The Veterans Administration cooperates with the social adjustment center of the Army for the purpose of assuring and hastening the vocational rehabilitation of blind soldiers. It stations at the center a vocational adviser and a training officer. They not only advise and help the blind soldier plan for his future, but make contact with the regional office of the Veterans Administration nearest the home of the soldier, providing it with pertinent information on his case.

Third. The Veterans Administration undertakes the actual vocational rehabilitation of blind veterans. It adapts its facilities for advisement, training and placement to meet the special needs of the blind.

Fourth. It sponsors programs of orientation for the blind to nine veterans homes and hospitals. These programs are designed to rehabilitate the veterans of wars previous to World War II and those veterans of World War II who require further hospitalization. In all of the nine centers there

exist needs for more space, equipment and personnel. There is also needed a centralized administration for this phase of the Veterans Administration program.

The program of the Veterans Administration, in combination with the programs of the Army and Navy, has been attempting to bring about the rehabilitation of the war-blind of World War II. The amount of progress that has been made, or the results of the efforts put forth, cannot now be stated fully. It is too early.

Those in work for the blind agree that a newly blinded person requires several years in which to make his adjustment. When a newly blinded man undertakes training or locates a job, there are no assurances that he will complete his training or stay long on the job. When he desires only to remain at home, it is not necessarily an indication that he will not change his mind. He requires time for the solution of his many grave problems.

But the results of the present American program for the war-blind will be known in the future. Avoiding the mistake made in the program for the war-blind of World War I, full records, including follow-up information, are being kept by the Veterans Administration.

There are already, however, some indications of the pattern these results may take. By August, 1946, it was estimated that there were fourteen hundred American war-blind of World War II. Of that number four hundred were still under the Army and Navy programs. The remaining one thousand were under the surveillance of the Veterans Administration. Of this one thousand, J. H. Garrett, of the Veterans Administration

stated that five hundred were employed or taking training. Of the other five hundred, some were undergoing further medical or surgical treatment, some were under advisement and almost ready for training, but most were merely staying at home. A study made by the Blinded Veterans Association, of four hundred replies to a questionnaire, reached approximately, the same conclusions: that is, that about fifty percent of the American war-blind of World War II were either employed or taking training.

After tracing the development of the American efforts in behalf of the war-blind, the investigation turned to the efforts in behalf of the war-blind made by other nations. The purpose was to augment the historical perspective in order to make recommendations for the present American program. Accordingly, attention was directed to Great Britain and the British Empire, France and Germany. They were selected because they had concerned themselves with relatively large numbers of war-blind, (accumulating valuable knowledge), and because their cultures were not so unlike the culture of the United States as to make difficult or impossible the adoption of principles and methods which they had found effective. Since, primarily, the search was for means of improving the rehabilitation aspect of the present American program, not the pensions, or domiciliary aspects, the period 1914-1947, in which programs of rehabilitation were generally introduced, received the greatest emphasis.

The investigation revealed that in all of these nations vocational rehabilitation was the primary concern in their programs of rehabilitation for the war-blind. The ~~xxx~~ success

of this concern varied. In Great Britain, after World War I, although some of the war-blind became economically independent, most remained under a system of after-care. With the war-blind of World War II, however, Great Britain has already had more success. About fifty percent of the total number have been placed in employment. France, in her program for the war-blind of World War I, was negligent in keeping follow-up records. Nevertheless, because of the great emphasis on vocational rehabilitation and because of the quota system for the employment of the disabled, it is believed that a sizable proportion of the war-blind became economically independent. As for the war-blind of World War II in France, not much is yet known. The passage of recent legislation indicates, however, that a full program in their behalf has gotten under way. Germany had the most successful of all the programs for the war-blind of World War I. Germany was advanced in all phases of rehabilitation and placed in employment that majority of her war-blind. For the German war-blind of World War II practically nothing has as yet been done.

It was seen that the programs in these nations had some distinctive features. In Great Britain, for example, rehabilitation of the war-blind was carried on by a private agency: St. Dunstan's. In France many centers existed for the rehabilitation of the war-blind, (combinations of schools and workshops), but they all came under a single administrative control. In Germany, guide-dogs for the blind resulted as an innovation from work for the war-blind. Another point of interest was that the German war-blind themselves organized and took the initiative to further the governmental efforts

made in their behalf.

But in regard to the search for what might be valuable to the present American program, two features of the programs of other nations were most significant. In Great Britain, France and German, there existed centralized programs for the war-blind. Sailors did not come under one subsidiary program, and soldiers under another, as they now do in the United States. Facilities, personnel and experience were pooled for the benefit of all the war-blind. In all of these nations, also, quota systems for the employment of the disabled were established. Laws required employers to hire a percentage of their employees from among the disabled. The war-blind received this benefit along with the other disabled groups.

With the examination of the programs for the war-blind in other nations, the investigation was completed. The task then was to ~~make~~ make the recommendations for the improvement of the present American program for the war-blind.

THE EFFORTS OF THE FEDERAL GOVERNMENT IN
BEHALF OF THE WAR-BLIND OF WORLD WAR II

CHAPTER IV

THE ARMY PROGRAM

The present American program for the war-blind is actually composed of three programs. The Army and Navy each sponsor a program, and so does the Veterans Administration. Profiting by the experience of World War I, it was deemed necessary to make the initial stages of rehabilitation compulsory. Under the programs of the Army and Navy, disabled men (still in uniform) are ordered to learn to adjust themselves as much as possible to their new conditions. Not until they have at least been exposed to the required training, are disabled men eligible for discharge from the Army and Navy. As civilians they become the charges of the Veterans Administration, which attempts to complete their rehabilitation.

It is difficult to estimate the number of war-blind who are served, or who will be served, by this over-all program. In August, 1946, the Veterans Administration listed one thousand blind veterans under its program. At the time, it was also stated that about four hundred more of the war-blind were still in the Army and Navy. Therefore, an approximate number of fourteen hundred Americans were blinded in World War I^I. An estimate must suffice for the time being, because no official figures as to the number of those blinded have been released.

On the basis of experience of World War I, it is generally believed by those acquainted with the problem of the

war-blind, that the number of war-blind estimated at present will be doubled or trebled within several years. Delayed service-incurred causes of blindness will be responsible.

A description of the development and functioning of the present over-all American program, regardless of how small or great is the number of the war-blind, may be made clearly, when each of the three programs, which go to make it up, is described separately. In order to begin these descriptions, attention is first directed to the Army program.

Blindness is defined by the Army as visual acuity of 20/200 or less according to the Snellen chart, in the better¹ eye with the use of corrective lenses.

About sixty percent of the blindness at Valley Forge General Hospital was caused by trauma, carrying with it such complications as hemorrhages into the vitreous, retinal detachments, cataracts and retention of foreign substances by the eye. In cases of vitreous disturbance, Cutler at Dibble General Hospital, pioneered in transplanting vitreous from unaffected eyes as is done with corneal transplants.

Methyl alcohol (a teaspoonful of which will usually blind a person and an ounce kill him) encountered in poisonous liquor was also a cause of blindness, as was the nutritional disturbance resulting from a deficiency of the thiamin component of vitamin B. Syphilis, sinus infections throwing off toxins affecting the optic nerve, Sals disease, retinitis pigmentosa -- hereditary and appearing often in men

1. Charles C. Hillman, The Army Program for the Blind and Deafened, Archives of Physical Therapy, Volume XXV, Number 8, August 1944, p. 478.

in their twenties and thirties -- and glaucoma were other important causes of blindness.

In some cases the ^feyes were normal, but the occipital lobes of the brain, centers of visual interpretation, were destroyed. In other cases the nerves controlling the muscles² of the eye were damaged affecting efficiency in seeing.

About one thousand men were blinded while serving in the Army during World War II. The manner in which sight was lost, and the degree of the resultant blindness varied widely among these men, but all of them had a certain background in common; namely youth, the fact that they were recently blinded, and that before injury they were in good health. Inasmuch as most of these cases resulted from the explosion of land mines and³ booby traps, some of these men were additionally handicapped. But to all of its soldier victims, sudden blindness presented the grave problem of a questionable future in civilian life. Would they be able to hold a job and thereby make a living, marry, and support a family? Would their relationships with family, friends, and the world as a whole be radically altered? In short, what effect would blindness have on the normal return to civilian life that the soldier had been looking forward to for so long?

The Army, having assumed much of the responsibility of preparing these men for civilian life, not only convinces them that they are capable of making a normal adjustment,

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2. Paul Lambrecht, Lecture before Orientation Counselors of the Blind of the Veterans Administration, August 8, 1946, at Valley Forge General Hospital.
 3. Gabriel Farrell; Help for the Blinded Soldier, Hygeia, Volume 22, Number 4, April 1944, p. 3217.

but also provides them with the tools and instruction for securing that objective.

The present Army program for rehabilitating the war blind began in 1943, with the realization that "the particular ^{need} emotional problems of newly blinded and their/^{for} assistance in learning how to live without sight, create a ⁴ need for specialized rehabilitation."

Accordingly, on May 28, 1943, two hospitals, the Valley Forge General at Phoenixville, Pennsylvania, and the Letterman General at San Francisco, California, were designated as centers of rehabilitation for the blind. (On August 25, 1944, Dibble General Hospital at Menlo Park, California, replaced ⁵ the Letterman General Hospital.)

The subsequent transfer of all blinded patients in Army hospitals to these newly designated centers insured that the retraining of blind soldiers would not be attendant upon their discharge. It made possible a beginning toward social adjustment concurrently with surgical and medical treatment. At the same time it was understood that only fundamental retraining was to be attempted at these hospitals, the Veterans ⁶ Administration being left with the greater part of the task.

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4. The Office of the Surgeon General, War Department, Washington, D. C., The Directives Covering the Rehabilitation Program for the Blind in the United States Army, Outlook for the Blind and The Teachers Forum, Volume 38, Number 7, September 1943, p. 191.
 5. Loc. Cit.
 6. Walter E. Barton, Program for the Care of the Blind in World War II in Army Hospitals, Proceedings of the Twentieth Biennial Convention of the American Association of Workers for the Blind, July 1943, p. 42.

With the opening, on June 14, 1944, of the Old Farms Convalescent Hospital at Avon, Connecticut, the Army increased the scope of its rehabilitation program, by giving the blind soldier further training in social adjustment plus a basis for future vocational rehabilitation. "Old Farms Convalescent Hospital was established as a result of a determination by the President of the United States and the Surgeon General of the Army, that ^{at} the conclusion of World War II, non blinded while in the Army would not be turned back to civilian life with the handicaps of improper preparation and inadequate training."⁷

To insure that all blinded soldiers would profit from this opportunity, the Army made it mandatory for all its war-blind ⁸ to attend Old Farms for the required time before discharge.

In attempting to prepare the blind soldier for a new way of life, the Army program recognized that in addition to rendering the best in modern surgical and medical treatment, it had to aid him in making a satisfactory adjustment to his blindness. At the same time it had to help him attain that independence which is so essential if he, himself, was to perform his daily, routine tasks. The confidence he gains from realizing this measure of self-sufficiency, declares Jameson, is of paramount importance in his psychological

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7. William A. Jameson, Jr., Old Farms Convalescent Hospital Where Blinded Soldiers "Come Back"! Outlook for the Blind and the Teachers Forum, Volume 38, Number 10, December 1944, p. 271.
 8. Outlook for the Blind and The Teachers Forum, Volume 38, Number 5, May 1944, p. 124 (an announcement).

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adjustment.

The program gives him a method of choice for a future vocation based on his aptitudes and interests and prepares him for the specific vocational training to follow. This training is the responsibility of the Veterans Administration. 10

It was also hoped in the Army that the opportunity afforded by observation of such a large group of blind people, would be of some aid in answering problems concerning the blind in general. With this as a goal, it encouraged the keeping of adequate records on each patient. 11

In the following paragraphs, an attempt will be made to examine the working details of the Army program, from the time of the patient's arrival at a hospital until his discharge from the service. The objectives and the methods of achieving these objectives in each phase of training will be considered.

First, then, the work at the hospitals will be considered.

A young man, in the prime of life, suddenly and violently deprived of his sight, may readily succumb to despair. To prevent such despair from so gravely affecting the patient's personality as to frustrate any future attempts at rehabilitation, the Army tries to build in the patient hope and courage at the earliest possible opportunity. Therefore, the blinded soldier is visited by a consultant at the first hospital to which he is sent. It is the duty of this consultant, himself a well-adjusted blind man, not only to provide psychological

9. Jameson, op. cit., p. 272

10. Hillman, op. cit., p. 480

11. The Office of the Surgeon General, op. cit., p. 195

support, but also to arrange a temporary training program for the patient. He also counsels ward and medical personnel on the handling of the case until the patient can be transferred to one of the two hospital centers for the blind.¹²

Upon arrival at one of these two Army hospitals where medical and surgical care will be completed, and where the psychological and physical adjustment to blindness will be begun, the patient receives a complete medical examination on the basis of which he is informed of his prospects. The sooner the true severity of the disability is faced, states Greear, the sooner can the patient begin to adjust to it.¹³

In regard to this emotional adjustment, Cutler says, "The reaction to this varies; some are depressed, some are matter-of-fact. Others do not quite accept it, and insist on holding out for a miracle. With those patients who already know they are blind before arrival, some may have a feeling of depression, occasionally of hopelessness, sometimes of euphoria."¹⁴

Many blind patients are further handicapped by the loss

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12. Ibid., p. 192
Barton, op. cit., p. 52
Hillman, op. cit., p. 479
 13. James N. Greear, Jr., Rehabilitation of the War-Blinded Soldiers, Outlook for the Blind and the Teachers Forum, Volume 38, Number 5, May 1944, p. 121.
H. L. Cutler, The First Year of the Blind Rehabilitation Program at Dibble General Hospital, Outlook for the Blind and The Teachers Forum, Volume 40, Number 2, February 1946 pp. 31-32.
 14. H. L. Cutler, The First Year of the Blind Rehabilitation Program at Dibble General Hospital, Outlook for the Blind and The Teachers Forum, Volume 40, Number 2, February 1946, p. 32

of one or more limbs, parts of hands, severe brain injuries, badly scarred and mangled features, temporary disuse of limbs,¹⁵ loss of sense of smell and seriously defective hearing. In this connection Cutler claims, that "Multiple injuries per se....have not made psychological adjustment more difficult."¹⁶

The degree of blindness is in some cases total and in others reasonably useful for traveling.¹⁷ Cutler states, "It has been observed that, in general, if a person is completely and hopelessly blind, he adjusts quicker than one who has some sight."¹⁸

Cutler also notes that, "The soldier who has lost his sight in combat adjusts better than one who has lost his sight through an accident or through his own carelessness."¹⁹

There is of course a great variation in environment, education, and intellect among these men.²⁰ According to Cutler, "The ability to adjust does not appear to be related to intellect or background."²¹

Physical adjustment to the necessary activities of life is begun as soon as possible. One of the most important phases of orientation is learning to travel or get about

15. Rosalie R. Cohen, Rehabilitation Aide Tells of Work at Valley Forge (letter), Outlook for the Blind and The Teachers Forum Volume 40, Number 1, January 1946, p. 22.

16. Cutler, op. cit., p. 32

17. Cohen, op. cit., p. 22

18. Cutler, op. cit., p. 32

19. Id. cit.

20. Cohen, op. cit., p. 22.

21. Cutler, op. cit., p. 32

alone. (This is now technically referred to as foot travel.) At Valley Forge General Hospital blinded soldiers first learn to locate their beds and lockers and then to find their ways in the wards by following a rubber floor mat with their feet. They are instructed to keep ^{to} the right and to use their arms, held parallel to the floor before them, as bumpers. Following this instruction the men learn to get about the hospital with the protection of a cane held so that it crosses the front of the body with its tip almost touching the floor. The crook or handle faces outward, and the hand grips the cane on the side nearest the body, allowing the crook to protect the knuckles of the hand. Following "Hospital travel" the men are taught to get about Phoenixville, "downtown travel." For this purpose, a cane technique developed at Valley Forge General Hospital, (a remarkable and almost foolproof method of using a cane, especially of great value to blind persons beginning to travel), is employed, calling for the rhythmic swinging of the cane in front of the foot moving forward. The cane used is long enough to tell the blind person of obstacles, curbs and holes in sufficient time to allow him to avoid them.

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In "advanced travel," the patient must compensate for his loss of sight by developing the ability to interpret sounds, a sensitivity to changes in air currents and temperatures, a fine sense of balance, and a large number of less definite techniques. The individual ability to travel well, like individual abilities of any sort, varies greatly, confidence playing a major role.

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22. The investigator's observation and experience of this phase of orientation at Valley Forge General Hospital, July 29 - August 10, 1946.

Those patients who show some facility are given further training
 in foot travel at the hospital. ²³

The use of guide dogs as aids during preliminary training is deemed inadvisable, not only because their presence is impractical in a hospital, but also because it is imperative that the patient first develop the ability to get about with the minimum of assistance. No decision is made on guide dogs until it has been determined that the patient has a definite need for such an aid and that the vocation he has chosen to follow in civilian life permits such an encumbrance. The patients are familiarized, however, with the advantages and ²⁴disadvantages of a guide dog.

A second step in orientation involves learning to use the tools and methods of the blind, namely braille, braille watches, scriptboard, touch system in typing, and the Talking Book. ²⁵
 About 80% of the trainees learn to type, and about 35% learn braille, largely Grade I, at Valley Forge General ²⁶Hospital.

Another step in orientation, and one involving social adjustments, is the prevention of those habits, such as the expressionless face, sloppy dress, flat voice, shuffling gait,

23. Gutler, op. cit., p. 32

24. Loc. Cit.

25. The Office of the Surgeon General, op. cit., p. 192

26. Cohen, op. cit., p. 23.

Paul Conlant, Lecture before Orientation Counselors of the Veterans Administration at Valley Forge General Hospital, July 29, 1946.

and indiscriminate cane-tapping, known as blindisms, which instantly mark and set apart the blind man who is a slave to them.

Recreation is an important part of the orientation program, for by engaging successfully in swimming, fishing, skating, dancing, and similar activities, and by enjoying the radio, phonograph and Talking Book, the blind patient not only fills his leisure time, but learns to appreciate the fact that mentally he is not blind, and that many activities are still open to him.

At Valley Forge General Hospital, horseback-riding, tandem-bicycle riding, bowling, and modified golf were also introduced.

At both Valley Forge and Dibble General Hospitals, occupational therapy shops have been set up. The men engage in such work as weaving, ceramics, and leatherwork, all of which are helpful in teaching them to use their fingers.

At both hospitals, blind patients, at the beginning of their stay, are segregated in wards and experience has shown that newer arrivals are helped and encouraged by the examples set by the more advanced patients. Later on in the adjustment process, association with sighted patients is deemed advantageous. Throughout the hospital period, it is important that there be a close relationship between the

27. Outler, op. cit., p. 33

28. Loc. Cit.

29. Greear, op. cit., p. 122....Outler, op. cit., p. 33

30. Loc. cit.

Cohen op. cit., p. 23

31. Outler, op. cit., p. 33

patient and his instructors, points out Greear, so that the letter can gain the confidence of those whose problems they seek to understand.³² If, in the hospital phase of training, the patient is able to accept his disability, if he can maintain his sense of humour, and if he is learning how to overcome the mechanical handicaps of blindness, then, Cutler claims, he is well on his way towards making a good adjustment to his handicap.³³

When the patient has received the maximum medical benefit obtainable at the General Hospital, he is transferred to the Army's special training center at Avon, Connecticut where an intensive program in social adjustment awaits him.

This program, which constitutes the last phase of his Army career, attempts "...to prepare the blind soldier for homegoing, equipped with a sensible plan for employment or continued training, a knowledge of his own interests and abilities, and a readiness to fit with self-reliance into his community, be useful, and enjoy life."³⁴ The key to such a future lies in self-confidence. With this in mind, the work at Old Farms is designed to offer the trainee practical experience in a wide variety of tasks, the performance of which builds in him a soundly-rooted self-confidence.³⁵

32. Greear, op. cit., p. 123

33. Cutler, op. cit., p. 23

34. Old Farms Convalescent Hospital (SP), "Social Adjustment Program, June 1945, p. 1. (See Appendix)

35. Jameson, op. cit., p. 272

At the same time, this program instructs the trainee in basic skills and familiarizes him with a great many lines of endeavor, from which he determines his interests and abilities.

The Army has set up certain standards of social adjustment by which it judges the trainee's achievements. The general standards have been satisfied if, during the stay at Old Farns, the trainee has:

1. Satisfactorily fitted into the community life and appears capable of assuming his normal social obligations.
2. Developed a reasonable insight into his limitations and capacities and has achieved a satisfactory emotional adjustment toward his handicaps.
3. Demonstrated the ability, based on his adjustment here, to reassume his civilian obligations.

The specific standards include:

1. Satisfactory completion of a specified number of courses. Specific levels of achievement for each course have been established.
2. Attainment of sufficient spatial and personal orientation to be relatively independent. This is appraised by special tests.
3. Participation in social activities and demonstration of the ability to work and get along with others and in organized group activities. Reports are available on trainees' participation in social activities.
4. Development of a responsible attitude toward the future with some formulation of organized plan or goal within the individual's capacities.
5. Attainment of social consciousness and responsibility

as expressed by willingness to cooperate, to conform, and to assume responsibility.

6. Proof of satisfactory control over unwholesome
36
attitudes and habits such as alcoholism.

The length of the training period at Old Farms is seventeen and a half weeks, but there is an accelerated program of thirteen weeks, and an extended one of twenty-two weeks for those trainees whose abilities or lack of abilities warrant them. At any rate, no soldier is kept at Old Farms after he has made the best adjustment deemed possible in his
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particular case.

The seventeen and a half weeks training period at Old Farms is divided into four phases. The first of these attempts to restore the trainee's confidence in his ability to care for his essential needs. The second phase provides and introduction to various types of work open to the blind. The third involves specialization in desired courses, and the last phase gives the trainee opportunity to work at some
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job in a nearby plant or factory.

The initial week and a half of training is devoted to orientation. This includes instruction in self-care and learning to travel unaided both inside and outside the grounds. To enable him to form a clear picture of his surroundings, the

36. Old Farms Convalescent Hospital (SP), Op. Cit., pp. 1-2

37. Ibid., p. 2

38. Jameson, op. cit., pp. 272-274

Stanley E. Weld, Old Farms Convalescent Hospital for the Blind Soldier, Connecticut State Medical Journal, Volume VIII, Number 12, December 1944, p. 876.

trainee studies models of the grounds, and is conducted by an orientor to all the buildings via the various paths.

When he is able to get about the four buildings and grounds he has made no small achievement, for Old Farms Convalescent Hospital, formerly a preparatory school, forms a good substitute for an obstacle course. The ceilings are of various heights, none of them very high; the stairways are winding and uneven, and the floors are uneven too. Small windows admit little light, making it difficult for those with travel vision.

To give him the opportunity of facing such problems as he is likely to encounter when using the existing modes of travel, the trainee is taken to nearby Hartford where he learns how to get on and off buses, and familiarizes himself with the location of coin boxes, seats, baggage racks, and station lavatories. This experience is instrumental in building up the soldier's confidence in his ability to travel along.

During this stage of training, the soldier also attends the testing clinic where, on the basis of interests, personality, aptitude, and previous experience, alternative occupations are indicated for him by counselors.

At this point, he is also interviewed by a representative of the Veterans Administration, who explains to him that when the work at Old Farms is over, the Veterans Administration will

39. Jamieson, op. cit., pp. 272-273

40. Stephen Hobbs, The Blind Can Help Themselves, Harvard
November 1945, p. 848

continue with further vocational training and job placement.

In the phase that follows, the trainee begins work in a wide variety of courses, some of which are likely to appeal to his personality. Courses of instruction are offered in academic and professional fields, music, manual and mechanical skills, business, agriculture, and physical reconditioning. The type of work done is exemplified by the field of manual and mechanical skills, where courses are available in garage service, machine shop, industrial skills, piano tuning, printing, radio repair, and woodworking among others. Similarly, some of the business courses offered are retail business, business methods⁴² and salesmanship.

Aside from physical reconditioning, which is mandatory, the trainee is free to choose from this diversity of subjects, provided he makes up a full program. Most of the courses given are of four week duration, but a few last eight weeks. Sixty-four minute classes are held daily except on Wednesday and Saturday, which are half days for instruction, and of⁴³ course Sunday.

In the third phase of work, the men specialize in those courses which they found of most value and interest, and in addition are given jobs such as the placing of bobby pins on cards, and spark plug assembly, which are sent in by outside⁴⁴ concerns.

In the last phase of work at Old Farms, the trainee is

41. Jansson, op. cit., p. 273

42. Old Farms Coryalescent Hospital (SP), op. cit., pp. 2-5

43. Ibid., p. 4

44. Weld, op. cit., p. 876.

placed, for four or more weeks, at a job in a nearby plant. He is taken to work every morning, works a full day next to sighted people, draws a regular paycheck at the end of each week, and is brought back to the social adjustment center every evening. The results of such placement have been very encouraging, for the trainees have gained valuable confidence from this experience, and their employers have learned that ~~from this experience, and their employers have learned that~~ the blind can be good workers.⁴⁵ In placing the trainees, the hospital tries to choose jobs which offer the men experience in the fields they expect to follow,⁴⁶ but it is important to emphasize that Old Farms is not a vocational training institution. It only gives the trainee an introduction to, or sampling of, various types of work coupled with the knowledge that he can perform certain jobs, some of which may interest him.⁴⁷

Throughout the training at Old Farms, formal studies are supplemented by athletics and social recreation, so that the trainees' time is always occupied. Except for those sports which require hitting and catching a ball, these men can and do indulge in all activities.⁴⁸

The Red Cross, Y. M. C. A., local groups, and private individuals in Hartford and other nearby cities have cooperated in arranging dances, parties, fishing trips and the like for

45. Jameson, op. cit., p. 274.

46. Rabbe, op. cit., p. 849.

47. Jameson, op. cit., p. 273.

48. Ibid., p. 274.

the trainees. Movies, plans, the radio, the phonograph, the Talking Book, also play a share in filling the trainees' ⁴⁹leisure time.

The achievement of any individual trainee at Old Farms depends primarily on his mental attitude toward the program. As a rule, the blind soldier needs no prodding to avail himself of the opportunities offered, a remarkable fact in consideration of the war experiences, surgical operations and the blindness which has come to him in such a compact period of time. Moreover, it has been found that in the semi-civilian atmosphere of Old Farms, the reluctant trainee is spurred on by the accomplishments of his fellow trainees. ⁵⁰ In some cases it is difficult to interest a man in that type of work ⁵¹for which testing has indicated him to be most fit. Certain types of work, however, are looked upon with distaste by all. Work traditionally associated with blindness, such as basketry, weaving and woodworking, falls into this category. But with the realization that these occupations can be pleasant and productive hobbies, the trainees attempt to develop their skill in them to the utmost. ⁵² Braille, too, is almost universally disliked at first, due mainly to the preconceived idea that it is impractical. A little knowledge of the subject, however, brings with it an appreciation of ⁵³its value.

49. Ibid., p. 275

50. Habbe, op. cit., pp. 819, 848

51. Jameson, op. cit., p. 273

52. Ibid., pp. 273-274

53. Ibid., p. 273

With the completion of the training at Old Farms, the Army discharges its responsibility to the blinded soldier, and his separation from the service follows promptly. The veteran can then, if he so desires, obtain further training in and assistance in job placement from the Veterans Administration and from various Federal, State and local agencies for the blind. What he will make of his future years, depends mainly, however on what he has assimilated from the Army Rehabilitation Program and the strength of his own character.

In dealing with blinded soldiers, the Army has provided adequate facilities and availed itself of the most modern knowledge and experience in offering them medical and surgical treatment and psychological, social and prevocational rehabilitation. It has increased the knowledge about corneal transplants and pioneered in vitreous transplanting. It has recognized the psychological importance of using blind consultants for the initial contacts with the war-blind. It has established a social adjustment center for the blind. It has employed civilian personnel whenever military personnel were found unsuitable. Altogether, it has made an all-out effort to restore the war-blind to useful living.

CHAPTER V
THE NAVY PROGRAM

Between January 1943 and April 1944, the United States Naval Hospital at Philadelphia admitted its first six blind war casualties. In July 1944, this hospital was designated by the Surgeon General as the national center for the rehabilitation of blinded personnel of the Navy, Marine Corps and Coast Guard. By November 1945, 157 war-blind patients, whose vision was 2/20 or less, had been admitted.²

Of these 157 cases of blindness, 99 were the result of traumatic injury to the eyes. The common causes of these injuries were bullet, mortar, and grenade wounds, land-mine explosions, bombs and shell-fire. The destructive nature of modern warfare was aptly demonstrated by the long list of accompanying injuries to blindness suffered by these men, only one of whom escaped such injury. Eighty-three men suffered facial disfigurement, while injury to cranial nerves, loss of the senses of smell, hearing and taste, soft-tissue foreign-body wounds of the trunk and extremities, and fractures of the skull and extremities took smaller tolls.²

Blindness of non-traumatic origin affected 58 men, and of these 28 were victims of poisoning by methyl alcohol ingestion. The remaining non-traumatic cases were caused chiefly by retrobulbar neuritis, macular choroiditis, and

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1. A. Duane Peam, Traumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 253.
 2. Ibid., pp. 255-256.

severe vitamin deficiency.³

For all of these 157 patients the prognosis for restoration of vision was nil or very poor.⁴ Their's was a handicap that called for acceptance and to which adjustment on their part was necessary. Consequently, "...the naval rehabilitation program is dedicated to the purpose of retraining its blinded personnel so that they are willing and able to live normal, active lives as socially and economically sufficient contributors to community life."⁵ This program has been carried out almost in its entirety at the United States Naval Hospital in Philadelphia. Surgical and medical treatment, as well as rehabilitation, has been provided there, the Navy refusing, as was originally planned, to send its war-blind to Old Farms Convalescent Hospital or to establish a convalescent hospital of its own for the blind.

The Navy's failure to set up such a specialized training center, does not mean, however, that it had intended to omit this most important phase of training, for as it shall be seen, a program which was considered by the Navy comparable to that at Old Farms has been in progress at the Philadelphia Naval Hospital. The consideration given by the Navy to rehabilitation is illustrated by the fact that among 77 discharged patients, the rehabilitative portion of the program consumed more time than the medico-surgical phase. But the duration

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3. James F. Finegan, Nontraumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 263-265.
 4. Beam, op. cit., p. 253
 5. A. Duane Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 155

of hospitalization, averaging⁶ as it did only four and a half months, (and ranging from one and a half to twenty-one months), does not compare favorably with the time spent by the blind under the Army program. At Old Farms alone, seventeen and a half weeks are devoted to rehabilitation.

The surgical and medical phase of the Navy program was designed to improve vision whenever possible, to render the eye suitable for a prosthetic appliance, and to care for associated wounds. Procedures used in the treatment of associated injuries included plastic surgery, brain surgery, and the care of fractures and amputations.⁷

A valuable contribution to ocular prothesis has been made by the Navy with the development of a technic for the construction of acrylic prosthetic eyes, which have been found superior in most ways to glass eyes. The existing socket is first examined, and if necessary, the soft tissues lining the cavity are stretched by inserting a plastic form for a few days. The socket is then filled with a mass of impression material, in a fluid state, which soon sets and can be removed in one piece. The elastic qualities of this material permit its withdrawal from the socket without any distortion, and consequently a perfect negative of the socket is obtained. The impression is then surrounded by plaster of paris, which on setting gives a duplicate of the actual eye socket. From this plaster mold, a pattern is constructed in wax, and this pattern is

6. Beem, Traumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 257
 7. Ibid., pp. 258-260

tried in the eye socket and adjusted to provide maximum movement and comfort, and to best restore the natural contour.

The completed wax pattern is then placed in a metal flask filled with plaster of paris. When the plaster sets the flask is opened, the wax boiled out, appropriate shades of acrylic material packed into the resulting mold and the flask closed and placed in a compress. The acrylic material is then cured by keeping the flask in boiling water of 160°F. for four hours. After removal of the acrylic form from the flask a cavity is made in its surface to accomodate a false iris, which has been painted on water color paper to conform with the patient's remaining eye, or in cases of bilateral eye loss, with his complexion and hair color. The iris is cemented into this depression, and the entire prosthesis is then covered with a transparent coat of acrylic material by flasking and processing it once ore. The completed product⁸ is highly polished to simulate the natural eye.

These plastic eyes have been of most value in cases where the orbital cavity and surrounding tissues were considerably mutilated. Hanson lists the chief advantages of the acrylic eye as lightness of weight, permanence of color, durability, tissue tolerance, the fact that there is no danger of the eye bursting in the cavity as glass eyes sometimes do, and that the material is unaffected by the

8. Warren V. Hanson, Acrylic Eye Prostheses, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 268-272.

fluids of the eye socket. The acrylic eye conforms to the contour of the socket whereas the glass eye is merely a shell-like covering in front of the cavity. In only one patient was the tissue lining the socket chemically⁹ irritated by the plastic material.

The rehabilitation work at the Naval Hospital aims at developing the patient's independence. Based on this objective, the work has been organized into four interdependent elements termed: initial orientation, basic re-education, general psycho-social readjustment, and prevocational training¹⁰ and vocational guidance.

The following paragraphs will be devoted to a description of the work of rehabilitation at this hospital as well as the testing period at the New York Institute for the Education of the Blind.

The great majority of the Navy war-blind were injured in the Pacific War Theatre.¹¹ They had to be transported many thousands of miles to reach the Naval Hospital in Philadelphia. An example of such a trip is furnished by Monroe Fox, a blinded sailor, in his description of his journey from Iwo Jima to Philadelphia. On February 18, 1945, he was blinded by an explosion aboard a vessel off Iwo Jima. He was soon placed on a hospital ship that took him to Saipan, where he remained in a hospital for over a week. From there he

9. Ibid., pp. 272-273, 276.

10. Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 155

11. Beam, Traumatic Blindness, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 255.

traveled by transport to Pearl Harbor, a ten day journey. After about a week at the Pearl Harbor hospital, he was transferred to the Naval Hospital at Oakland, California, six days being consumed. He spent some time at the latter center, and finally was flown by Naval Air Transport cross country to the Philadelphia Hospital, where he was admitted on April 22, 1945, more than two months after the injury. Although some efforts ~~more than two months after the injury. Although some efforts~~ were made to teach him how to get around and eat, at the Oakland Hospital, it was not until he reached Philadelphia that a definite surgical and rehabilitative program was instituted.¹² Nor is this case unusual. Beam states that the average time elapsing between injury and arrival at the Philadelphia center was three and a half months, with a variation of from four days ¹³ to thirteen months.

The Navy has failed to follow the Army's example of having a blind consultant make contact with the newly blinded person as soon as possible after injury. Those experienced in work with the war-blind, in England particularly, believe that such a step is of great psychological benefit to the newly blind.

On arriving at the hospital, the patient is introduced to the program by way of an examination by the ophthalmologist-in-charge, who determines and plans the necessary medical and surgical treatment.¹⁴ This is followed by an interview with

12. Monroe L. Fox, Blind Adventure, pp. 1-166

13. Beam, op. cit., pp. 256-257

14. Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 155.

the supervisor of re-education, who explains the training program to the patient, describing the routine of care and training, and introducing the patient to his physical surroundings at the hospital. At the same time, the patient's questions are answered, his fears and anxieties allayed through frank discussion, and his participation in the

program encouraged.¹⁵ In conjunction with this there is another interview with a medico-social worker, who obtains the patient's social history and subsequently makes contact with the patient's family for the purpose of enlightening them¹⁶ as to the facts of the case.

In the first stages of training the patient must learn to cope with the practical problems of daily living that have arisen from the loss of his most important sense. He must accommodate himself to blindness, training his other senses to compensate for the loss of his sight. The words of a recently blinded sailor who went through his period of readjustment are fully explanatory. "Each Day brings out something new to be met and solved. In a way it's like being reborn. A newly blinded person must learn to do the simplest things of life all over again, and the surprising part of it is, that those things can usually be done with such ease that you wonder why people have such a horror of blindness."¹⁷ Still this is no easy task, but it is altogether necessary if the patient is to obtain some degree of self-sufficiency. During

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15. Mary E. Engler, Re-education of the Newly Blinded. Rehabilitation at the U. S. Naval Hospital, Philadelphia. March 1946, p. 279.
 16. Beam, op. cit., p. 155
 17. Fox, Op. cit., p. 8.

this period of adjustment, the trainee requires individual instruction for patient, understanding and experienced teachers. The teacher-attendant is designed to occupy such a role in the Navy program. It is he who introduces the patient to his bed, locker, cubicle and ward, assists him in getting around, dressing, eating, and performing the varied and necessary tasks of everyday life.

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After only a short period of training, corpsmen are used as teacher-attendants. The initial task of the teacher-attendant is to conduct the new patient to his bed, and to explain orally and with the aid of models, just what position the patient's bed occupies in his cubicle, its relation to other beds in the cubicle, and the relation of this cubicle to others in the ward. This is followed by a tour of the ward, which further aids the patient in forming a clear picture of his surroundings. At the same time, the teacher-attendant shows the patient how by listening for the sound of the water fountain and the ring of the telephone on the nurse's desk, and by similar guides, he can orient himself as to his position in the ward. When he is satisfied that the new comer has absorbed this knowledge, the teacher-attendant helps him arrange his equipment in his locker in an orderly fashion, encouraging him to identify and organize the articles. Following this, the patient is oriented to the entire hospital.

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18. Kugler, op. cit., pp. 280-282

Beam, op. cit., p. 155.

19. Kugler, op. cit., pp. 281-283

During the first few weeks of training, the patient receives instruction in location and identification of objects, personal hygiene, acceptable eating habits, maintenance of normal posture and gait, and control of socially objectionable mannerisms.²⁰

Learning to eat in a socially acceptable manner is one of the most important and difficult processes in retraining. An attempt is made at the hospital to simulate civilian eating conditions. Food is served in plates, cups, saucers and glasses rather than on compartment trays. It is arranged in a clockwise fashion, so that a casual announcement of the menu at each meal, for example that, meat is at six, potatoes at nine, and beans at twelve, enables the patient to eat without asking any questions. Ambulatory patients eat in the mess hall together with teacher-attendants, so that the latter can both serve and instruct the trainees in such matters as cutting their meat, buttering their bread, and seasoning their food. A meal eaten in the company of the teacher-attendant, in a restaurant, gives the trainee experience in getting the waiter's attention, giving his order, and having his food properly arranged.²¹

Another important phase of re-education is teaching the patients how to travel alone safely outdoors. To this end, the department of physical education has set up a series of four "progressive" tests which serve both to instruct and

20. Beam, op. cit., p. 156

21. Kugler, op. cit., p. 283

test the trainee. In the first of these tests, the patient must leave the ward, go out the gate a distance of 200 yards, turn the corner, walk a short distance and return. The second test²² involves taking a bus to a nearby residential section, making a circuit of the block and returning to the ward. The third test takes place in a noisy residential and business area, involving a stop light and various stores. Before negotiating the route, a complete explanation of what he can expect is furnished the trainee after which ^{HE} is taken over the course by the instructor, and finally is put on his own with the instructor some distance away. For the last test the patient is placed in the subway and heavy downtown traffic of Philadelphia. (Because of additional injuries to blindness, some men are excused from this test.) In the course of these tests, the trainee learns, to varying degrees, how to get into a bus and pay his fare, how to avoid street obstacles, and secure aid from passers-by in crossing streets, how to take advantage of the recognition of store odors and noises, how to manipulate subway turnstiles, and countless

other helpful pointers. His experiences enable him to cope more adequately with future problems, not only because of the specific obstacles he overcomes but also because of the confidence such accomplishments give him.

Converse states that in learning to travel alone, desire to learn is the most important requirement. Intelligence,
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 memory, and a sense of humour are other deciding factors.

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22. Everett C. Converse, Outside Orientation and Physical Recconditioning, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, p. 303
 23. Ibid., pp. 304-307
 24. Ibid., pp. 303, 307, 308

The study of Braille presents the newly blinded men with a difficult task, not only as regards the complicated nature of Braille itself, and the necessity of having to develop a new type of sensitivity in the fingertips for perceiving the Braille characters, but also because of the psychological requirements. As Kugler points out, "The actual beginning of the study of Braille, marks, on the part of each patient, the overcoming of a basic psychological obstacle. It means he has accepted his blindness, and in so doing, is taking one of his first forward steps in his process of rehabilitation. It means he has grasped the value of Braille as a practical method of reading and writing."²⁵

The following response of a newly-blinded sailor is illustrative of the attitude toward Braille taken at first by many of the war-blind: "Before I started to study Braille, I was a little dubious about it. I had heard it was very difficult. I couldn't see why I needed it anyway. I knew I could get a talking-book machine that would allow me to listen to any book I wanted, and I was afraid the time involved would slow me up in getting my discharge and getting home."²⁶

In the program at the United States Naval Hospital, the patient is not required to continue Braille after he has completed Grade I $\frac{1}{2}$. Many, however, elect to go further, so that of 100 discharged patients, seven completed Grade III; 23 completed Grade II; 31 completed Grade I $\frac{1}{2}$; and 13 studied in Grade I. The last group included men who have been unable.

25. Kugler, op. cit., p. 283

26. Fox, op. cit., p. 134.

to make the necessary adjustment early in their retraining, and also a number who lacked the required tactual ability. Twenty patients had sufficient vision to read ink print and therefore received no instruction in Braille, and three men were discharged before a formalized program of instruction was instituted. The average number of lessons needed to complete Grade I was 25, while for Grade II about 15²⁷ additional lessons were necessary.

In contrast to the difficulties presented by the study of Braille, typing is readily taken up by the patients, all of whom were eager to learn a means of private communication with the sighted. Systematic daily instruction in the touch system is provided for each patient. On completing 36 hours of instruction, the trainee receives a typewriter, provided he has attained a speed of 25 words a minute (allowances are made for additionally handicapped patients, such as one-armed men), and has a knowledge of letter forms, operating technique, and care of the machine.²⁸ Weekly reports on each patient's progress, in both Braille and²⁹ typing, are made to the supervisor of re-education,

In conjunction with the program of re-education, the Navy has instituted certain activities designed to facilitate psycho-social adjustment. A physical reconditioning program emphasizing enjoyable sports and group games, held outdoors whenever possible, occupies a definite portion of each trainee's time. Formal calisthenics, conducted in small

27. Kugler, op. cit., pp. 293-294
28. Ibid., pp. 287-288
29. Ibid., pp. 288, 293

groups of equally advanced trainees, is helpful in regaining muscular coordination and good posture; medicine-ball handling, tug-of-war and rowing, give the patients the feel of working as part of a group. Archery, employing a sound signal to give direction, is practiced at close range. Swimming and wrestling, both ideal sports for the blind, have had few followers, because of lack of facilities and presence of preventive surgical operations and injuries. Bowling and modified golf are also available.

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Other recreational activities are left to the Red Cross, which arranges games, dances, and musical instruction within the hospital, as well as parties and visits to public centers and private homes outside.

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The location of the Naval Hospital in Philadelphia, a large city, offering all sorts of recreational, educational and vocational facilities, is a distinct advantage not enjoyed by the Army center at Avon.

It makes it possible for the patients to visit places of historical interest, schools, and theatres.

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Writing of Philadelphia, Monroe Fox says: "There were several organizations in the city whose sole purpose was to entertain servicemen. Many people invited the boys out to their homes for the weekends, gave special dinners and parties for them, and even took them on trips to nearby Atlantic City. In fact, there was some place to go every night, if a serviceman in that hospital -- not just the blind ones -- cared to go."

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30. Converse, op. cit., pp. 308-314

31. Beam, The Navy's Progress for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 38, Number 6, June 1945, p. 157

32. Ibid., p. 156

33. Fox, op. cit., p. 139

Another activity used in the adjustment process is occupational therapy, which serves primarily to develop manual skills, finger dexterity and coordination. At the same time it provides a satisfying diversion and in some instances uncovers some heretofore unrealized abilities.³⁴

In addition to weaving, the Navy has successfully instituted in its occupational therapy department leatherwork, woodwork, gardening, X-Ray film developing and the use of power equipment.³⁵

Leatherwork, the most popular, has the advantage of providing a graded type of activity. The initial project is so simple as to insure success, and as Koch points out, success on the first venture is very important in establishing self-confidence. The making of such leatherwork articles as belts and moccasins gives the trainee considerable satisfaction because he can present them as gifts to relatives or friends. Woodworking is undertaken by using simply adapted hand tools which allow the blind to do their own measuring, cutting, hammering and sawing.³⁶

Trainees interested in outdoor work, boys from the farm, find pleasure in gardening. By clamping specially adapted tools to a taut wire stretched between movable metal stakes, accurate spading, planting and cultivation are performed. Koch says that gardening has been most beneficial to men who

34. Faith C. Koch, Occupational Therapy, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946,

pp. 295-296

35. Ibid., pp. 297-300

36. Ibid., cit.

had difficulty adjusting to their handicap -- it increased coordination, lessened nervous tension, and gave the patient the satisfaction of perceiving things grow as the result of his own efforts.

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A new field for the blind has been opened with the introduction of X-ray film developing, a process which must be timed in a darkroom. Braille markers enable the worker to match corresponding film and envelope, while a braille watch is used for the timing. As a result of this training, the Navy has placed three of its former trainees as X-ray technicians in hospitals.

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The Occupational Therapy department also operates a stand as a subsidiary of the Ship's Service store, and this project provides training for six patients at a time who are interested in retail business. Operating the cash register, taking inventory, replacing stock, and keeping records are all attended to by blind men.

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To facilitate the patient's adjustment, group conferences with departmental administrators, the clinical psychologist, and the chaplains are held regularly. But there are also unplanned forces at work. One instance of these is the example set to those newly arrived, by those more advanced in their adjustment. The point is well illustrated in the following quotation by Monroe Fox: "A man may worry about being blind when he first gets there, but he soon gets over it."

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37. Loc. cit.

38. Loc. cit.

39. Koch, op. cit., pp. 300-301

40. Beam, The Navy's Program for the Rehabilitation of Blinded Personnel, Outlook for the Blind and The Teachers Forum, Volume 39, Number 6, June 1945, p. 156

When he sees (perceives) from 30 to 50 men who don't give a darn about their blindness, men who can talk with confidence about their future, men who go out every night of liberty-- and every other night they can without being caught -- men who can still discuss the Navy's favorite topic -- girls -- and do it with a trace of self-consciousness because of their blindness, he soon learns that he feels better when he doesn't worry himself about not being able to see." ⁴¹ And also in the following description of one of his mates: "....yet he's one of the most cheerful men I know. He's had operation after operation to rebuild his face. He's had to learn to run a typewriter with one hand ~~000~~ ⁴² He's had to overcome his blindness just like the rest of us."

At the United States Naval Hospital in Philadelphia, considerable emphasis has been placed on educational and vocational counseling, and particularly on the associated phase of job try-outs. ⁴³ Before a program of work is planned, information concerning the patient's background; interests, hobbies, experience and ambitions is obtained at an interview conducted by the educational service officer, the teacher-attendant in charge of the patient's extra-hospital work experience and the occupational therapy officer. Another lead as to the type of work suitable for the patient is obtained from the results of a series of psychological

41. For. op. cit., p. 124

42. Loc. cit.

43. Dale B. Harris, Educational and Vocational Counseling, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 315-321

aptitude tests administered at the New York Institute for the Education of the Blind, where each trainee spends two weeks. Group guidance classes, acquainting the trainee with the abilities, necessary training, advantages and hazards of particular vocational opportunities for the blind, help him sort out the vocational possibilities open to him. Before leaving the hospital, each trainee receives information concerning the specific guidance agencies to which he can apply when he arrives home.

Prevocational training, planned on the basis of information gained from interviews and tests, includes work in and outside of the hospital. As has been noted, occupational therapy serves, in many instances, just such a purpose. The work experience in X-ray film developing has proved valuable to some. The Ship's Service store has served well in training those interested in retail business.

Work experience outside the hospital is made available at the Philadelphia Naval Base, the Marine Quartermaster Depot, and at a large number of industrial and commercial plants and schools, all of which are cooperating with the Navy in its program of training the blind. The great variety of types of work offered by these plants is illustrated by the fact that blind patients in the Navy program have successfully performed such operations as sub-assembly of parts, (using power presses and staples in many instances), packing, crating, nailing, hand tapping, boring, and reaming, drill press operation, (on both wood and metal jobs) steel wire-cutting and forming, inspection and cleaning of parts,

arbor press operations, hand work on leather and wood novelties, hand work on athletic equipment, stockroom work, order filling, window displays, all types of farm chores, (with the exception of heavy field work), and photographic darkroom work, (with the exception of retouching and reprinting).⁴⁴

When a man's choice is in industrial work, he is placed in a half-day job in Philadelphia, which he must hold for at least four weeks before his discharge from the hospital. On the first day, the trainee is accompanied to the job by the teacher-attendant in charge, who introduces him to the manager or owner of the plant and to the foreman, as well as to the job itself. The teacher-attendant repeatedly checks on the patient's progress on the job. Such placements, made only after the patient's interests and aptitudes appear to warrant them, and continually checked by the hospital corpsmen, have resulted, according to Harris, in a high proportion of successful job try-outs. When the patient chooses retail business, he is taken to meet businessmen and examine business establishments. Training at a business school as well as employment at the Ship's Service store follows. For men interested in farming, the Navy has made an arrangement with a school of horticulture in Ambler, Pennsylvania, which permits the trainees to spend some time there familiarizing themselves with typical farm chores. When the patient intends to continue his education, necessary steps in having him properly accredited, arranging tutoring, and facilitating his entrance into the proper

school, are taken by the Navy.⁴⁵

The New York Institute for the Education of the Blind is one of the leading schools for blind children in the United States. In cooperation with the Navy, it sponsored a program of rehabilitation for blinded marines and sailors.

The two-week testing period spent by Navy war-blind at the New York Institute has already been mentioned, and it was said that psychological tests were administered there.

In testing intelligence, the mean score of 106 subjects was (strangely enough) 106. The range was from 71 to 131. All scores were based on the Wechsler-Bellevue scale, with the exception of four, which were based on the Hayes-Fuist scale.

To determine mechanical aptitudes, a number of tests were given: the Wiggly Block assembly, Radio Tube Inserting, Matching Forms and the Playschool Assembly. Most patients took the Wiggly Assembly plus one of the others.

One hundred and ten patients were tested on manual ability, such tests being used as the Minnesota Rate of Manipulation, Detroit Manual Ability, Hand Tool Dexterity, Small Parts Assembly, Washer Sorting, Screw and Washer Assembly and Dual Hand Dexterity.

A few received vocational preference tests, the Standard Diagnostic Interview Guide being the most extensively used.

Social and personal adjustment of twelve patients were tested and classified on the Bell Adult (Form A) scale.⁴⁶

45. Loc. cit.

46. Eugler, Re-education of the Newly Blinded, Rehabilitation at the U. S. Naval Hospital, Philadelphia, March 1946, pp. 285-286.

It may be enlightening to examine what was the evaluation given to this testing period by a sailor who experienced it: "The story of my progress in the rehabilitation program, would not be complete without a short account of the two weeks I spent at the New York Institute for the Education of the Blind. The main idea of sending us to New York was to give us certain tests to see how adaptable we were to industrial jobs. Why these same tests couldn't have been given in Philadelphia, I don't know, for the materials used were very simple. For example, one test consisted of picking up marbles one at a time with each hand, from a tray, and dropping them through small holes in the tops of two large bottles. Another test was removing the nuts from the end of several different-sized bolts which were placed through a board. We were supplied with a large number of tools from which we had to select the right ones to use. Once the bolts were removed, we had to replace each one in the hole it fitted, and secure the nut. We were timed during all these tests, and no doubt they proved something, but just what no one ever told us. And why we should have to spend two weeks taking tests which could have been finished in two or three days, was another question no one ever answered."⁴⁷

Besides testing, further instruction in Braille and typing was given. Blind instructors also taught the finer points in traveling without sight. Counseling interviews

⁴⁷. Fox op. cit., pp. 170-171.

were conducted. Trips were made to news-stands managed by blind men, and to the local organizations for the blind, including the Brooklyn Industrial Home for the Blind, the Lighthouse and the New York Guild for the Jewish Blind.⁴⁸

Social dancing, parties, theatre attendance and other means of entertainment were amply provided, to such an extent, in fact, that many of the marines and sailors considered this the main feature of the program.

The most valuable aspect of the program according to the statements of the trainees, lay in the opportunities offered of meeting well adjusted competent young blind people among the older students of the school. Many of the marines and sailors told the investigator that these meetings accomplished more than all the lectures on adjustment to which they had been exposed. They perceived for themselves that the blind could do most of the things the sighted could, they said, and many of them were inspired to imitate these boys and girls.

It is not yet possible to judge fully the value of the Navy's program for the war-blind. The ultimate test of its value will be the extent of the psychological, social and vocational rehabilitation of those who received its benefits. Since the passing of several years at least is usually required for the rehabilitation of newly blinded persons, according to those experienced with the blind, judgment of necessity must be delayed.

For the same reason, ~~any~~ sound over-all judgments in regard to comparisons between the programs of the Army and Navy, are

48. This information is based on the experience of the ~~highly qualified~~ ~~program~~ ~~teacher~~ at the Institute at the

also impossible at present. But by comparing techniques employed, personnel involved, and facilities made available, it is possible, in some specific instances, to make a few valid preliminary judgments.

In travel instruction, the Army developed and used a fool-proof cane technique. The Navy did not. Nor did it employ an equally workable substitute.

The Army used blind consultants to make the initial contacts with the war-blind. The Navy failed to appreciate the psychological importance of using such consultants.

When it found its own personnel inadequate, the Army hired civilians. The Navy did not.

The Army established a social adjustment center for the war-blind, to supplement the instruction given at its hospitals. The Navy confined all of its medical, social, psychological and prevocational rehabilitation of the blind to the Philadelphia Naval Hospital primarily, and to a very small extent, to the New York Institute for the Education of the Blind. That a number of blinded marines and sailors, upon their discharge from the Navy, requested and were sent by the Veterans Administration to the social adjustment center of the Army for the regular course, is undeniable evidence that these men themselves realized that important elements were missing in the Navy program.

These comparisons between techniques, personnel and facilities, turn out in favor of the Army, but that of course does not necessarily signify that in the long run blinded soldiers will be better adjusted citizens than blinded marines and sailors.

CHAPTER VI

THE VETERANS ADMINISTRATION PROGRAM

This chapter will deal with the four main phases of the program of the Veterans Administration for the war-blind of World War II. The pension laws and the specific legislation for the war-blind, which the Veterans Administration carries out, will be described. Then, the methods by which the Veterans Administration co-operates with the Army's social adjustment center for the blind, will be pointed out. Next, the process for the vocational rehabilitation of the war-blind, as it functions in the Veterans Administration, will be explained. Finally, the orientation programs for blind members and patients in the veterans homes and hospitals will be described.

The basic legislation governing the pensions for blinded veterans of World War II is included in Public Law 182 of the Seventy-ninth Congress, approved September 20, 1945. The purpose of the legislation, as stated in the act, is "to provide additional rates of compensation or pension," and to "remedy inequalities as specific service-incurred disabilities in excess of total disability." More specifically, the law divides veterans blinded in the service into three categories, each of which is allotted a different monthly pension. The first group, which receives a monthly pension of \$200, includes veterans who are blind in both eyes with a visual acuity of ~~500~~ 5/200 or less. If the veteran has been blinded in both eyes and has been rendered so helpless as to require

the constant aid and attendance of another person, he receives a monthly pension of \$235. Those veterans who have suffered the anatomical loss of both eyes constitute the third group, and receive \$245 a month. If the degree of a veteran's service-incurred blindness exceeds the requirements for any of the three categories, the Administrator of the Veterans Administration may, theoretically, at his discretion, authorize the next higher or an ~~iter~~ intermediate rate of pension.

A veteran who has suffered a disability, such as the loss of or the loss of use of a leg or a hand in addition to the loss of sight, is entitled under Public Law 162, to receive a \$35 monthly increase in his pension for each such loss, as long as his total pension does not exceed \$300. For example, a veteran receiving \$265 a month for the anatomical loss of both his eyes, if he has also suffered the loss of a hand, will receive \$300 a month. Similarly, if total deafness is incurred in combination with total blindness, a monthly pension of \$300 is also awarded.

The disability pension that used to be awarded for the loss of, or the loss of sight of, only one eye, varied according to the visual acuity of the useful eye. If that eye was wholly unimpaired, a thirty percent disability pension for the impairment of the other eye, (based upon a \$115 pension per month for one hundred percent disability), or \$45 per month was awarded.

But as present, by the additional allowance of \$35 per

month, such persons receive \$80 per month. The pension increases as the strength of the eye with vision decreases, until the visual acuity of this eye drops to 5/200. The condition is then considered blindness, and the veteran becomes eligible for a statutory rate of either \$200 or \$235 per month, as specified in Public Law 182.

In order to compensate for the rising cost of living during 1946, Public Law 662, Seventy-Ninth Congress, effective since August 3, 1946, authorized a twenty percent increase in all benefits and compensations, except those considered statutory awards. (The statutory awards include the \$200, \$235, and \$265 per month pensions for the three categories of blindness. The \$35 per month supplementary awards, of Public Law 182, are also considered statutory awards.) The twenty percent increase is applicable only to those benefits based upon the \$115 pension per month, for one hundred percent disability, which was initiated by a Federal act on December 19, 1941.

Another instance of legislation affecting the war-blind is found in Public Law 309, Seventy-Eighth Congress, approved May 24, 1944. It provided one million dollars for the purchase of "Seeing-Eye Dogs" for blind veterans and travel pay to and from the center for the training of guide-dogs for the blind. The law also provided for the purchase and distribution of electronic and mechanical equipment to aid veterans overcome the handicap of blindness.

The importance of co-ordinating its attempts at the vocational rehabilitation of blind veterans with the work

of orientation and adjustment training provided by the Army at Old Farms Convalescent Hospital, has been recognized by the Veterans Administration.¹

To facilitate co-ordination in the task of selecting a vocational objective for the veteran, of preparing a program of training and employment for him, continuous with that carried on at Old Farms, and of obtaining and supplying necessary information to and from Old Farms and the regional offices of the Veterans Administration, several provisions have been made.²

The Veterans Administration has stationed at Old Farms a vocational adviser and a training officer to assist in the initiation of vocational guidance for the war-blind. These persons have the added responsibility of securing, from the appropriate regional offices, any information of value for the vocational guidance and training of the servicemen at Old Farms. The information deals with home conditions and training or employment possibilities in the trainees' home communities. In turn, the Veterans Administration representatives at Old Farms supply the regional offices with pertinent information about the men who are discharged from the Army. This information indicates the vocational objectives tentatively set for the servicemen at Old Farms, the possible limitation in regard to the location of a training center for

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1. Letter from the Assistant Administrator of Veterans Affairs to All Regional Offices and Combined Facilities, July 20, 1945, p.1. (See Appendix)
 2. Ibid., pp. 1-4.

a veteran, and the types of training and employment facilities that the veteran might require. .

When a serviceman is discharged from Old Farms, his records, as well as all findings and recommendations concerning him, are forwarded to the appropriate regional office of the Veterans Administration.

The regional office is urged to make contact with the blind veteran as soon as possible after his arrival home so that he may be started on a progress which will continue and complete the work of vocational rehabilitation begun at Old Farms.

The regional office, advised in advance by the personnel of the Veterans Administration at Old Farms of a veteran's homecoming and of his needs, tries to prepare to offer him the training facilities and employment opportunities that he may require. The responsibilities of the regional office in this connection are many. It locates employment opportunities for the veteran in line with his experience, abilities, education, interests and residual vision, if any, as reported by the representatives of the Veterans Administration at Old Farms. It secures training facilities, arranging institutional training and training on the job. It secures the services of agencies and institutions for assisting the blind veteran in his orientation and occupational adjustment.

Another task of the regional office, to be performed prior to the home-coming of the veteran, is that of securing the cooperation and understanding of his family by visits to his home.

Should the regional office be equipped incompletely to handle the ~~praxax~~ problems of advisement, training and placement of the blind veteran, it is expected to request the aid of the central office in acquiring facilities.

In case a blind veteran refuses the assistance offered by the regional office, statements to this effect are placed upon his record, including remarks on the attendant circumstances.

When a veteran does not resist vocational rehabilitation, the Veterans Administration undertakes to help him. He is given the general benefits provided by Public Laws 16 and 346, of the Seventy-Eighth Congress, and 268, of the Seventy-Ninth Congress, (laws described in Chapter II), and special consideration because of the severity of the disability of blindness.

Subsequent to the approval of Public Law 16, a vocational Rehabilitation Service of the Veterans Administration was set up. M. I. Tynan, the Service's Supervisor of the Blind, at that time, describes its organization as follows: "The Vocational Rehabilitation Service is under a Director and is composed of three major divisions: namely, the Vocational Advisement Division, Training into Employment Division, and the Research Division....The Training into Employment Division will be responsible for prescribing the course of training, providing the necessary supervision in order to insure restoration of employability....The Vocational Rehabilitation Division in the Regional Office is under the control of a Vocational Rehabilitation Officer who is responsible to the manager."³

3. M.I. Tynan, "Organizations and Administration of Vocational Rehabilitation Service. Proceedings of the 20th Convention of the American Association of Workers for the Blind, 1943, pp. 40-61.

The following recommendation relative to blind veterans made by the Secretary of War, the Secretary of the Navy, the Chairman of the War Manpower Commission and the Administrator of Veterans Affairs, outlines the task of the Veterans Administration in providing vocational advisement:

That the Veterans Administration shall initiate and complete as early as possible within the social adjustment training period the vocational advisement of each case to the end that as early as possible during his social adjustment training the blind person will know precisely his plans for the future, including not only his ultimate vocational objective but also the vocational training program by which the objective is to be obtained.⁴

The blind veteran formally expresses his interest in vocational rehabilitation by filling out form 100. At the Veterans Administration guidance center to which he reports, the provisions of Public Law 16 and its amendments are explained to him, and various psychological and aptitude tests are administered. Should the veteran be judged incapable of returning to the type of work he was engaged in before disability was incurred, the Veterans Administration Rehabilitation Service must restore his employability for some other vocation.⁵

The first task, therefore, of the Vocational Rehabilitation Officer at the Regional Office is to aid and guide the blind veteran in the selection of a course of training that will lead to a restoration of his employability.⁶

The All Station Letter of September 6, 1943, requests that the vocational advisement brief and the detailed training

4. Ira Scott, Manual of Advisement and Guidance, p. 92.

5. J. H. Garrett, (Director of Rehabilitation of the Severely Handicapped, Division of Vocational Rehabilitation and Education, Veterans Administration). Lecture before orientation Counselors of the Blind of the Veterans Administration, at Valley Forge General

program, when completed, be forwarded to the Central Office of the Veterans Administration for review. In discussing occupational opportunities for blind veterans, this same letter says:

Lists of occupations in which blind persons have been successfully employed will be issued from time to time. It should be borne in mind that blind persons must have at least the same qualifications from the standpoint of education, previous experience, etc., as would be required for persons with sight, and as has previously been indicated, the adjustment a blind person has made to his disability must receive close scrutiny. If an occupation is considered which has not been included on the lists provided by Central Office, a detailed explanation, indicating any unusual factors, such as how and where it is contemplated the blind veteran may be adjusted into satisfactory employment upon completing necessary training, will be submitted to Central Office for consideration prior to inducting the blind veteran into training.⁷

Tynan, discussing the specific program for the vocational rehabilitation of the blind, says, "Through sound, systematic vocational advisement, each blind veteran will be aided in selecting a course of training which will fit him for satisfactory employment."⁸

When he has a definite vocational objective, the veteran begins training for employment. The responsibility of prescribing a course of training, preparing a training program for the veteran, inducting him into the chosen training facilities, supervising his training for employment, as well as initiating contacts for training in institutions and establishments, rests with the Vocational Rehabilitation Officer in the Regional Office.⁹

7. Letter from the Assistant Administrator of Veterans Affairs to All Regional Offices and Combined Facilities. September 6, 1943, p. 3. (See Appendix)

8. Tynan, op. Cit., p. 62.

9. Ibid., pp. 60-61.

In regard to location and selection of training facilities, the All Station Letter of September 6, 1943 states:

Vocational training as distinguished from social adjustment training should be provided in most cases in schools and establishments commonly used by sighted persons. Also such training should be provided as close as possible to the community in which the veteran will live following his rehabilitation. This is desirable in order that the blind veteran may become as much as possible identified with and in the community in which he is to practice his new vocation....Training agencies must be carefully selected and must understand thoroughly the requirements of the blind veteran and also the Veterans Administration policy and especially that blind veterans are to receive only such attention and assistance as they absolutely require, and that tendency to deal with blind veterans differently than persons with sight must be avoided.¹⁰

"To enable each blind veteran to pursue satisfactorily his course of vocational rehabilitation," declares Tynan, "all equipment, supplies, and reading assistance, which are clearly necessary to the successful pursuit of his training, will be furnished by the government."¹¹

Regular supervision of the disabled veteran is an important part of the Veterans Administration program, more so for training on the job than for training in educational institution.¹²

The Veterans Administration recognizes the danger of a blind veteran becoming "institutionalized", and consequently avoids long, continuous periods of training in residence at institutions for the blind.¹³

10. Letter from the Assistant Administrator of Veterans Affairs to All Regional Offices and Combined Facilities.
September 6, 1943, p. 3. (See Appendix)

11. Tynan, op. cit., p. 62.

12. Garrett, op. cit.

13. Tynan, op. cit., p. 62.

Placement, the ultimate goal of vocational training, is also a responsibility accepted by the Veterans Administration. It itself, places the veteran, or makes contacts with private agencies to do so.

The Central Office of the Veterans Administration expects its Regional Offices to maintain regular and continuous contact with blind veterans and to issue bimonthly reports on each case.

There remains still to be described the programs of orientation established in veterans' homes and hospitals.

In the fall of 1945, under the division of medical rehabilitation, the nucleus of an orientation program for blind members and patients in Veterans homes and hospitals was established. Nine centers, in which the number of blind members or patients warranted it, were authorized to appoint an Orientation Instructor and Counselor of the Blind.¹⁴

These nine centers were located at Bath, New York; Bay Pines, Florida; Bronx, New York; Dayton, Ohio; Kecoughtan, Virginia; Los Angeles, California; Mountain Home, Tennessee; Tuskegee, Alabama; Wood, Wisconsin.

By the end of April, 1946, the blind members and patients in these nine homes and hospitals numbered 337. Their average age was 58. In most cases blindness was not service connected. The vast majority of the men were veterans of World War I, many of them having become blind in recent years.

14. The information on this section of the chapter is derived from the experience and knowledge gained by the investigator as Orientation Instructor and Counselor of the Blind at the Bronx Veterans Hospital. No reliable printed source material has as yet been released.

A new Veterans Administration policy intends implementing the rehabilitation or partial rehabilitation of these elderly blind veterans, as well as furthering the rehabilitation of veterans of World War II undergoing additional medical treatment. If a blind veterans of World War II needs a plastic surgery operation, for instance, and if he enters a veterans hospital in which an orientation program for the blind is functioning, he may receive more instruction in braille, typing, travel or any other phase of orientation. If a patient in such a hospital has become blind since his discharge from the service, obviously orientation to blindness must begin from scratch for him.

The Orientation Instructor and Counselor is expected to gain the cooperation of Social Service, Occupational Therapy and other departments in these centers, in working out a Blind program. Such a program may consist of counseling on the problems of the blind, instruction in braille, typing, personal hygiene and organization, travel and the use of devices such as the braille watch, talking book and script-board. Occupational therapy (mainly leather-work, weaving, basketry and ceramics) is usually also an important part of the program. In some of the centers it constitutes the entire program. Attendance at plays and picnics, often made possible by the cooperation of the Red Cross, is one of the main ways of encouraging and facilitating social intercourse by the members and patients. In the various centers, circumstances and the personalities of the Orientation Counselors determine which phases of such a program are to be emphasized. In no two of the centers are there exactly

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similar programs.

The Orientation Counselor (one in each center at the moment) is the only one in these centers equipped by training and experience to handle work for the blind. The lack of co-workers of similar experience and training has meant the establishment of only token programs in some of the centers.

It is not yet possible to determine fully the results of the present American program for the war-blind. Among workers for the blind, it is generally accepted that several years at least are required by a newly blind person for making his adjustment. When a blind person is made to undertake training, it does not mean that he will be placed successfully afterward. Even if he is placed on a job, it does not mean that he will stay. And when a blind person refuses either to undertake training or accept a job, it does not mean that he will not change his mind in time to come. Consequently, with the close of World War II still very recent, the results of the present program cannot be stated conclusively.

Nevertheless, there are some available indications of the pattern these results may take.

In June, 1946, the Blinded Veterans Association published the results of a study it had conducted. The Association had sent questionnaires to one thousand blind veterans, and received replies from four hundred. When tabulated, these replies revealed that twenty-five percent were in gainful employment, ten percent were taking training, thirty-five percent were re-hospitalized, and that the remainder were merely staying home. It was also shown that of those gainfully

employed. fifty percent were dissatisfied with their work. Many (the percentage was not given) were employed by friends and relatives.¹⁵

A statement made in August, 1946, by J. H. Garrett, Director of Vocational Rehabilitation of the Severely Handicapped, in the Veterans Administration, supported, to a considerable extent, the findings of the Blinded Veterans Association. He said that the records of one thousand blind veterans showed that five hundred were employed or undergoing training. Among the other five hundred some were receiving further medical or surgical treatment. A number of others were under advisement and almost ready for employment or training. Most of this five hundred, however, were at the time neither interested in employment or training. The rough estimate was made that fifty percent of the one thousand blind veterans were employed or taking training.¹⁶

In all likelihood it will be possible in time to come to make an adequate study of the results of the present American program. Unlike the situation after World War I, full records are now being kept up-to-date by the Veterans Administration to allow follow-up. By analyzing these records at a future date, when the passage of time will have made it possible to make valid judgments, only then will it be possible to reveal the results of the present program.

15. Blinded Veterans Association, Questionnaire Results, B.V.A.

BULLETIN, June 15, 1946., p. 3

16. Garrett, op. cit.

CHAPTER XI

RECOMMENDATIONS

Based on the historical perspective provided by the investigation, a number of recommendations designed for the improvement of the present American program for the war-blind will not be made.

1. Cooperation between the Navy and Veterans Administration Programs.

Between the Army and the Veterans Administration programs there already exists cooperation. Representatives of the Veterans Administration are stationed at the Army's social adjustment center for the Blind for the purpose of guiding the blinded soldier even before he is discharged. They help him to plan for his vocational objective and prepare the regional office of the Veterans Administration in his community to receive him.

Between the Navy and the Veterans Administration there is no such cooperation.

Because such cooperation makes greater the possibility of vocational success for the blinded servicemen, it is recommended that ~~xx~~ representatives of the Veterans Administration be stationed also at the Philadelphia Naval Hospital.

2. Pension

A blind veteran of World War II received \$235 per month if both of his eyes have not been enucleated, and \$265 per month, if they have.

When a person is totally blind, the presence of his own useless eyes gives him no advantage over a blind man who has artificial eyes. That is the common belief among workers for the blind in regard to the distinction made in the pension

law for the war-blind of World War II.

It is recommended therefore that for total blindness, regardless of whether eyes have been enucleated, the same pension reward be instituted, to be paid for the ~~duration~~ duration of the disability.

3. Maintenance of records of those likely to become Blind from Delayed Causes.

Some men are discharged from the services as not blind but become blind shortly afterward from service incurred or aggravated conditions. Others are similarly discharged from veterans hospitals.

To facilitate the establishment of service-connection, (for the purpose of allowing the blind man to receive his pension), and to make it possible to begin rehabilitation immediately, it is recommended that records be kept by the Army, Navy and Veterans Administration of all cases that may result in blindness.

4. Social Adjustment Center.

After World War I, it was found necessary to maintain the training center for the war-blind, at Evergreen, Maryland, until 1925. The number of cases of delayed blindness was chiefly responsible.

Because it is generally believed that World War II has produced a large number of persons whose blindness is only delayed, and because it is also believed that many of those who received training will require refresher courses shortly, it is recommended that the social adjustment center for the blind, at Avon, Connecticut, be kept functioning for at least five years more. Since the program of the social adjustment

center will be concerned mainly with veterans, rather than servicemen, it is recommended that it be taken over from the Army by the Veterans Administration.

5. Out-Patient Work in Orientation by the Veterans Administration.

Many of the war-blind, discharged as oriented to blindness by the Army and Navy programs, lapse into disuse of what they have learned. Impact with their own communities is often the cause of such a lapse. A blind soldier, who, for example, has learned to travel about Phoenixville, while at the Valley Forge General Hospital, finds his hometown a different proposition. In Phoenixville, blind men were no rarities, and he did not feel self conscious. In Phoenixville, too, he was given specific travel instruction and learned the layout of the town as a blind man. He knows his hometown only as a sighted man.

To assure the practice by the war-blind of what was learned in the programs of rehabilitation, it is recommended that the regional offices of the Veterans Administration send orientation instructors regularly to the communities in which the war-blind reside. These instructors would orient the blind veteran to his hometown, educate his family and friends on the necessity of letting him do as many things for himself as are possible, and in general check on his progress.

6. Contact with Blind Veterans.

To prevent retrogression and stimulate continuous progress, among blind veterans, it is recommended that the Veterans Administration keep in touch with blind veterans during their entire life-times. By regular visits of repre-

sentatives of the Veterans Administration and the maintenance of complete records, this can be achieved.

7. Special Loans.

The over-all arrangement for loans to veterans is inadequate and cumbersome. The severely disabled among veterans should be afforded special privileges in this respect. They usually must undergo vocational rehabilitation, whereas the average veteran who seeks a loan stands in no such need to the same degree. Since in instances the success of vocational rehabilitation depends on the possibility of the trainee receiving a sufficient loan, such loans should be made available to the severely disabled.

Just as there exist inequalities with regard to pensions, dependent upon the severity of the injury, so too should there be inequalities with regard to loans. Whether a blind veteran obtains a sufficient loan may determine whether he will ever be productive. With an average veteran, cause and effect in such an instance are not associated as conclusively.

It is recommended, then, that the blind veteran, who desires to start a business of his own or purchase a farm, be granted a greater loan than he can now obtain, and that the procedure of obtaining a loan be made more simple.

8. Orientation Work in Veterans Homes and Hospitals.

The programs of orientation to blindness established in veterans' homes and hospitals need to be made more effective. In all the centers, in which these programs are functioning, there exist needs for more space, equipment, and personnel.

There also exists the necessity of establishing a main center from which these programs could be directed, and which would provide intensified rehabilitation, including, of course,

physical restoration, for those who can possible be brought to the stage which would allow their discharge from veterans' homes and hospitals.

It is recommended, then, that within the centers of the Veterans Administration, where programs of orientation have been established for the blind, more space, equipment and personnel be made available, and that, for the purposes of providing centralized administration and intensified rehabilitation, a main center for these programs be also established.

9. Personnel.

In rehabilitating the blind, only persons trained and experienced in work for the blind should be used. To attract qualified personnel, salaries must be sufficiently high. Once hired, qualified personnel should be given opportunities of utilizing their energy, knowledge and imaginations, and not tied with red-tape and thrown into "channels" to sink or swim.

For the general improvement of the entire present American program for the war-blind, it is recommended that persons experienced with the blind be hired, that salaries be made high enough to attract the qualified, and that qualified personnel be permitted to participate in the setting of policy.

10. A Law Establishing a Quota System for the Employment of the Disabled.

The major nations, with the exception of the United States, have enacted legislation that makes it compulsory for employers to hire a percentage of their employees from among the disabled. They have taken the ~~xxx~~ realistic attitude that it

is the rare employer who is broadminded enough to hire a disabled person, even when that person is fully capable for a particular job, when he can hire a non-disabled person.

When there is a shortage of manpower, when patriotic feeling runs high, civilian and war-disabled are hired. But a manpower shortage does not normally exist in the United States, and patriotic feeling, although intense, is of short duration.

Therefore, it is recommended that the Federal Government pass and implement a law for establishing a quota system for the employment of the disabled. Not only would the war-injured, including the war-blind, benefit from this, but the civilian disabled and the nation as a whole as well. Either the power to control interstate commerce or the power to promote the general welfare gives the Federal Government the right to create such a law.

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APPENDIX

1. Letter from Walter D. Baker.
2. Old Farms Convalescent Hospital (SP), Social Adjustment Program.
3. Veterans Administration, All Station Letter, September 6, 1943.
4. Veterans Administration, All Station Letter, July 20, 1945.

1. Letter from Walter D. Baker.

11 Main Street, Farmington, Conn.
March 15, 1946

My dear Mr. Fenson:

In reply to your letter, I shall give you the information you desire by taking up your questions in order. I trust that my answers will be of some value to you in your work, If I can be of further help to you, do not hesitate to let me know.

1. Evergreen closed finally and definitely on May 1, 1925. When it closed, the whole programme was discontinued. It was felt that all of those who needed rehabilitation or were willing to undertake the course had been reeducated.

When the limited number of men who needed training had been disposed of, the work was written off as finished, and no further provision was made. Some plans for future work had been dreamed of, but they never developed into concrete realities. With the closing of Evergreen, the whole programme terminated.

2. As I recall, there were but few civilians trained at Evergreen, not more than six or eight.

The earliest groups of students at the School consisted of soldiers who had not yet been discharged from the Army. Colonel Greenwood, the Chief Ophthalmologist of the Army, told me that when the armistice was signed there were one hundred and twenty five men blinded as the result of military service. Most of these were in the first group. The early phases of the Work, under the Army, were in the nature of occupational therapy.

Beginning with the first of June, 1919, the Evergreen School opened under the name of the Red Cross Institute for the Blind. At that time, the blinded soldiers were discharged from the Army and their entering the newly formed school was purely voluntary. The larger majority of them remained to take vocational courses. Later, most of those who had left at that time returned to the school.

The later groups consisted of those whose vision had been slightly impaired, but not sufficiently to bring their condition within the definition of blindness. Their vision, however, deteriorated to such an extent as to make them eligible for training.

In addition, there were those who had been hospitalized for a long time in consequence of which their discharge from the Army had been delayed.

The most striking difference between the various groups which overlapped frequently, lay in their morale. The main reason for the high morals of the first group was that they had been adequately cared for in the hospitals in France. Preliminary work leading toward their rehabilitation was carried on in hospitals in England and in France. I, myself, had a part in this work, since I was engaged in it in Base Hospital 8 at Savenay, France. The chief aim of this hospital work was to restore the morale where it had slumped and to keep it up where it had not fallen. Colonel Greenwood told me without the slightest hesitation that the results more than justified the effort.

The later groups, obviously, did not have this advantage. Their blindness did not come upon them until months or even years after their discharge from the Army. I strongly suspect that many of them might not have been discovered if they had not applied for compensation. Then, too, in the later groups whose blindness was of service origin. While these men were not eligible for compensation, were eligible for training.

After the Veterans Bureau took over the management of the School at the beginning of 1923, the course in massage was discontinued. The reason for its discontinuance was the lack of students with sufficient intellectual or educational background to undertake the course. This was the only change in curriculum which resulted from differences in the student body.

Changes in economic conditions made some other changes necessary. Shortly after the Red Cross took over the work, a course in tire repairing was introduced with good results. at that time, the accent was placed on individual enterprises because placement in industry had not yet been developed. It is true that the blind had been employed in the electrical manufacturing industry and to a lesser extent in other fields; but placement as we now know it had scarcely begun. By the year 1921, when tires again became plentiful and their price had fallen very considerably, repairing of tires ceased to be profitable and the vulcanizing shop was discontinued.

No other important changes in courses offered were made until the School closed. As the closing date approached, completed courses were discontinued, but the music department the course in store management, basketry and other branches of occupational therapy, Braille and typewriting together with the course in poultry management were continued to the end.

3. My recollection of the Figure of blinded veterans of the first World War is that there were more than a thousand. You might get the total figure from the Veterans Administration. There are many who have gone blind since: but I have no means of knowing off-hand how many of these cases are of service origin. There are nearly six hundred

in homes and hospitals now being cared for by the Veterans Administration. How many of these may have been at Evergreen I do not know.

4. Evergreen was, in a manner of speaking, a pioneer organization. The vulcanizing shop, for example, was frankly an experiment. It must be remembered that the capabilities of the blind in industry were not well known in those days. Today, the story is quite different, and as yet, we feel, the surface has only been lightly scratched.

Under the laws under which Evergreen came into being and under which it functioned, there was no mention of social readjustment. The programme was frankly one of vocational rehabilitation and nothing more. The Old Farms Convalescent Hospital (SF) is a social adjustment center. The normal course at the center takes eighteen weeks to complete. The trainees are then turned over to the Veterans Administration for vocational training and placement.

The aim of Evergreen was to fit the students to take their places in life, while the present school aims rather at orienting the trainees toward a better future by giving them the opportunity to learn to know themselves.

You can understand from these facts that the purpose has been similar, the main difference being that of a phasis on different phases of the problem. I have met up with a number of the men who were once students at Evergreen since its closing, and they have told me that, although no mention was ever made of social adjustment, the one thing of real and lasting value they received from the old School was social adjustment.

5. I can not give you exact figures as to the number who took advantage of the opportunities offered. The mere fact that it was found necessary to continue the School for seven years with full attendance at all times indicates quite clearly that a very large ~~man~~ majority of those who were eligible passed through the school. I know of no source from which you may obtain more accurate information.

You might indeed find many shades of opinion expressed regarding the old School. I do feel however, that the majority of the former trainees would agree that the old School had given them their start toward a successful and useful life.

Trusting that these answers give you the information you need, I remain

Sincerely yours,

Walter E. Baker

2. Old Farms Convalescent Hospital (SP) Social Adjustment Program.

OLD FARMS CONVALESCENT HOSPITAL

Social Adjustment Program

Introduction

14 June 1945

The heart of the program at Old Farms is the trainee himself -- what he is, what he does at the school, what he hopes to do when he leaves. The job of the staff is to know the man, direct his social adjustment training in the light of this knowledge, and to work with him in shaping his hopes for the future.

I THE MISSION

To prepare the trainees for homegoing, equipped with a sensible plan for employment of continued training, a knowledge of his own interests and abilities, and a readiness to fit with self-reliance into his community, be useful, and enjoy life.

II THE METHODS

In general, the method is social adjustment through general activity, tryout, orientation, and guidance, rather than training through prolonged instruction in special skills.

Specifically, the methods are:

- A. By friendliness, and stimulation of the trainees' interests, to secure his cooperation.
- B. By creation of a modified military, or semi-civilian, environment, while the trainee is still in the Army, to duplicate for him the type of problems and situations he will find upon discharge; and thus to anticipate social difficulties and demonstrate approaches to their solutions.
- C. By individual and group instruction to train him in basic skills, such as typewriting and braille, teach him the art of getting around alone and with people, and provide experience in a range of prevocational training classes.
- D. By tryout of a variety of activities both at the school and in nearby communities, to confirm former interests and seek out new ones, and put aptitudes to the test of actual performance.

- E. By continuous interviews and, with the aid of psychological measures, to appraise the personality of the trainee as a whole.
- F. By counseling to develop self-guidance and lead the trainees to the formulation of immediate and long range plans for his civilian career.

III THE STANDARDS OF SOCIAL ADJUSTMENT

A. General Standards

It is considered a trainee has achieved the standards of social adjustment at Old Farms Convalescent Hospital (Sp) when he has demonstrated that, while at Old Farms he has:

- 1. Satisfactorily fitted into the community life and appears capable of assuming his normal social obligations.
- 2. Developed a reasonable insight into his limitations and capacities and has achieved a satisfactory emotional adjustment toward his handicaps.
- 3. Apparent ability, based on his adjustment here, to resume his civilian obligations.

B. Specific Standards

- 1. Satisfactory completion of a specified number of courses. Specific levels of achievement for each course have been established or are in process of being established.
- 2. Attainment of sufficient spatial and personal orientation to be relatively independent. This is appraised by special tests.
- 3. Participation in social activities and demonstration of the ability to work and get along with others and in organized group activities. Reports are available on trainees' participation in social activities.
- 4. Development of a responsible attitude toward the future with some formulation of organized plan or goal which is within the individual's capacities.
- 5. Attainment of social consciousness and responsibility as expressed by willingness to cooperate, to conform, and to assume responsibility.
- 6. Proof of satisfactory control over unwholesome attitudes and habits such as alcoholism.

IV LENGTH OF SOCIAL ADJUSTMENT TRAINING

From "Summary and ~~Reax~~ Recommendations of the President's Committee", 8 January 1944: "The length of time which may be required to adjust the blind veteran to a point where he will be capable of undertaking vocational training will be different in each case, depending on a number of factors. However, no veteran should be permitted to remain beyond the time when he has made the best adjustment he is capable of making - In most cases not exceeding four months.

The length of the standard course is 17-1/2 weeks, including 1-1/2 weeks of preliminary orientation to school life. There is an accelerated course of 13 weeks for the trainee of superior talents and advanced social adjustment, and an extended course of 22 weeks for the trainee who has acceptable reasons for additional training.

V PHASES OF THE PROGRAM

To carry out its objectives of ~~social~~ social adjustment the School conducts its program under the following divisions:

A. Orientation

A complete course including orientation to the grounds, personal orientation, traveling with cane in residential district and in dense traffic, and training in "obstacle perception". Inculcation of principles of orientation that will enable him to travel in an efficient and confident manner in his own community. One of the most important phases of work at Old Farms.

B. Physical Reconditioning

Complete course introducing trainees to such sports as swimming, horseback riding, rowing, fishing, bicycling, hiking, gymnastics, etc., to keep trainee fit and show him what sports he can pursue at home.

C. Testing Clinic

Verbal tests in learning ability, interests, and personality and manipulative tests in manual and mechanical aptitudes, to supply data for counseling and profiling. Special tests are also administered in braille, typing, and personal orientation.

D. Guidance Counseling and Profiling

An extensive course in general guidance is required of all trainees. Psychological consultation is provided by the staff psychologists. Interviews give psychological insight into trainees' personality and furnish continuous guidance. A preliminary statement, after 21 days, is prepared to determine direction of social adjustment training.

E. Basic Skills

Training in typewriting, braille, braille devices, handwriting, talking books, memory, and study methods, and use of readers.

F. Academic and Professional Field

Introduction to methods employed by blind for study of English, Mathematics, History, and other courses anticipating return to School. Courses are also offered in Physical Therapy, Insurance, and Salesmanship.

G. Music

Instruction in voice and instrumental music, theory of harmony and music appreciation, with avocational emphasis.

H. Manual and Mechanical Skills

Group of courses designed to give adequate training for entry into factory work upon CDD or to lay basis for continuation of training in mechanical occupations. The courses include Hobby Shop, preliminary and advanced, (introduction to manual work), General Shop (woodworking), Industrial Skills (hand assembly and power machines), Garage Service, and Print Shop. Courses lead to jobs in which the blind are known to succeed.

I. Business

Courses in Retail Business (based on stand operation) and Business Skills (business methods, business arithmetic, business English, and office management) to prepare trainees to undertake operation of a concession stand or small business upon CDD or to provide a base for further business training. Includes actual operation of stand, selling, and office experience. Courses lead to jobs in which the blind are known to succeed. A course on "Small Businesses" introduces the trainee to the hazards and opportunities in this field.

J. Agriculture

Courses in Poultry, Animal Husbandry, Pet Stock, General Farming, and Greenhouse to familiarize trainee with techniques of farming without sight or with low vision. Includes actual experience on, and orientation to, farms in vicinity of School. Courses serve as base for further agricultural training.

K. Temporary Placement

Actual job experience for four weeks, or more, if indicated, in industry or other selected occupation

to furnish proof to trainee of his ability to succeed in competitive employment and to orient him to working with people in factory under realistic conditions.

L. Recreation

Directed recreation by Red Cross to provide experience in play and social contacts. Includes dancing, social events, games.

M. Medical

A very close liaison is maintained with the Post Surgeon. Vocational and social interpretations and appraisal of physical handicaps are made with his cooperation. Psychiatric consultation, if considered necessary after presentation of facts of unusual or abnormal behavior to Post Surgeon, is obtained by him.

VI SCHEDULE OF COURSES

The standard course is 17-1/2 weeks. One and one-half weeks of this period are devoted to orientation to grounds and to the curriculum. The remaining time of sixteen weeks is divided in four four-week periods. Courses are of four weeks duration; a few are eight weeks. An "accelerated course" of thirteen weeks is granted the trainee of exceptional ability. In some cases a trainee is granted an "extended course" of four weeks for justified additional social adjustment training.

Social adjustment courses begin at 9:00 am, following a general assembly at 8:30 a.m. The classes last 45 minutes, with 15 minutes allowed for changing classes. There are three classes in the morning and three in the afternoon. Wednesday and Saturday are half days for instruction.

Orientation, physical reconditioning, and testing are required. Other courses are elective, but a full schedule must be followed. The fields of activities and courses, from which selection may be made, are listed below:

BASIC SKILLS

Braille
Cooking
Handwriting
Memory - How to study
Typewriting
Typewriting - Advanced work at
Hartford High School

PROFESSIONAL - ACADEMIC (Continued)

English, Business
English Composition
English Literature
Insurance
Journalism
Letterwriting
Mathematics
Business Arithmetic
Mental Arithmetic
Newspaper
Psychology
Physical Therapy
Public Speaking
Speech Correction

PROFESSIONAL - ACADEMIC

Bookkeeping
Creative Writing
Current Events
Directed Study (includes how
to study)

PROFESSIONAL - ACADEMIC (Continued)

Reading for Pleasure
 Reading for Study
 Spelling
 Vocabulary
 Languages - (Russian, Spanish)

AGRICULTURE

Commercial Poultry
 Farm Placement
 Gardening
 Greenhouse
 Hobby Poultry
 Livestock Farming
 Pet Stock

INDUSTRIAL AND CRAFTS

Bookbinding
 Garage Service
 Hobby Shop I
 Hobby Shop I - Advanced
 Hobby Shop II
 Hobby Shop II - Advanced
 Industrial Skills, Hand
 Industrial Skills, Power
 Machine Shop
 Machine Shop - Advanced work
 at Hartford High School
 Piano Tuning
 Printing
 Radio Repair
 Sculpturing and Craftwork
 Service Station
 Woodworking
 Upholstering, Household
 Appliances

BUSINESS

Business Methods
 Retail Business
 Retail Business - Extended
 Salesmanship
 Small Business

SPORTS

Special Sports

MUSIC

Instrumental Music
 Accordion
 Cello
 Clarinet
 Drums
 Guitar
 Piano
 Saxophone
 Trombone
 Trumpet
 Ukelele
 Violin
 Listening to Records
 Music - Advanced at
 Hartt School of
 Music, Hartford
 Music Appreciation
 Voice

SPORTS (Continued)

Standard Sports
 Bowling
 Fishing
 Golfing
 Horseback Riding
 Ice Skating
 Skiing
 Snowshoeing
 Swimming
 Tobogganing

ORIENTATION

Orientation, Basic
 Orientation, Advanced

TESTING CLINIC

Manipulative Testing
 Verbal Testing

GUIDANCE

Wednesday Meeting
 Intake Guidance

FIELD APPRENTICESHIP

Farm - Poultry, Animal
 Husbandry
 Industrial
 Insurance
 Retail Business
 Trucking
 Oil
 Gift Shop
 Garage
 Tailor Shop
 School teaching - Repair

to furnish proof to trainee of his ability to succeed in competitive employment and to orient him to working with people in factory under realistic conditions.

L. Recreation

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PROFESSIONAL - ACADEMIC (Continued)

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English Composition
English Literature
Insurance
Journalism
Letterwriting
Mathematics
Business Arithmetic
Mental Arithmetic
Newspaper
Psychology
Physical Therapy
Public Speaking
Speech Correction

PROFESSIONAL - ACADEMIC

Bookkeeping
Creative Writing
Current Events
Directed Study (includes how
to study)

VII THE TRAINEES

Although the trainees represent a host of individual differences, all share the following group characteristics which give a certain uniform quality to their social adjustment.

- A. All are young men.
- B. All are soldiers, sharing numerous common experiences.
- C. All were physically fit and active at onset of blinding.
- D. All are newly blinded.

It should be kept in mind that the approach to trainees at Old Farms must be on an individual basis. At the time this statement is being prepared, we have a mental range from feeble-mindedness to a Ph.D. who has a job waiting for him as instructor in a college; in age, trainees range from 19 years to 38 years; in degree of physical handicap they range all the way from restricted fields with ability to read typewriting and no other handicap to a totally blind trainee who has but one thumb left, and who is, in addition, hard of hearing; in educational background they range all the way from a fourth grade pupil to three years of post graduate college training; in rank all the way from Private to Lt. Colonel; in home residence from a man whose home is ~~in~~ Honolulu to a man who had lived many years only a few miles from the School; from men who have been blinded through their own carelessness to a man who has been wounded to an action for which he received the DSC. This list could be extended almost indefinitely. The effect of this range on the ~~par~~ program and the necessity for flexibility should be obvious.

VIII COOPERATION WITH VETERANS ADMINISTRATION

Old Farms cooperates with the Veterans Administration according to the agreement between the Veterans Administration and the Surgeon General's office, dated 6 March 1945. This agreement provides that the trainees will receive the benefit of guidance from the Veterans Administration before his CDD. The agreement also provides, by establishing numerous procedures, that the trainee will enter, after discharge, upon a productive civilian life with the least possible delay or confusion.

This agreement ~~was~~ covers the following provision from the "Summary and Recommendations of the President's Committee", 8 January 1944:

"That the Veterans Administration shall initiate and complete as early as possible within the social adjustment training period the vocational advisement

of each case to the end that as early as possible during this social adjustment training the blind person will know precisely his plans for the future, including not only his ultimate vocational objective but also the vocational training program by which the objective is to be attained.

3. Veterans Administration, All Station Letter, September 6, 1943.

VETERANS ADMINISTRATION

Washington

September 6, 1943

Dear Sir:

MRS

As blind veterans will require special attention and specialized training, if they are to be successfully rehabilitated, the following information is submitted for your consideration and guidance pending the issuance of instructions concerning the vocational rehabilitation of the blind.

For various reasons including the amount of pension blind veterans may receive they may not always realize the importance and the practical possibility of becoming satisfactorily employed. It may be necessary, therefore, to endeavor to make them realize that regardless of the amount of pension they may receive, that idleness and lack of adjustment to their condition may in the future constitute as great a tragedy as blindness itself. Consequently, they should be urged to undertake vocational rehabilitation training and to pursue such training to a successful conclusion * satisfactory employment.

It is highly important that each blind veteran be inducted into vocational training with as little delay as possible after discharge from the hospital. Every effort should be made, therefore, to expedite the application for pension and if found eligible all possible assistance accorded the blind veteran in making application for vocational rehabilitation.

If blind veterans are to be successfully rehabilitated, it is necessary that they first develop a proper attitude toward their blindness and a ~~will~~ will to overcome their handicap and second that they be trained in all phases of successful living as blind persons and trained to thus become just as independent and self reliant as possible. Accordingly,

where not already acquired social adjustment training adequate in kind and amount will be provided as a part of their vocational rehabilitation.

The vocational advisement of persons who are blind does not differ greatly from the vocational advisement of other handicapped persons. Vocational advisers will, therefore, follow the policies and procedures set forth in Veterans Administration Instruction No. 2. As the adjustment a blind person has made to his blindness has a definite bearing on success in vocational training and later in employment, it is important that Vocational ~~Advisers~~ Advisers determine what social adjustment training the blind veteran has received and what further social adjustment training will be required which will enable the blind veteran to make the best possible adjustment to his disability and, therefore, will permit of the widest possible selection of an employment objective and also enable the blind person to undertake vocational training with confidence and pursue same to a successful conclusion - suitable employment. Therefore, in connection with the vocational advisement of blind veterans, the following additional information shall be made a part of the advisement brief and in those cases where further social adjustment training is indicated the detailed training program will include such social adjustment training.

1. What is the applicant's attitude toward his blindness? Is he overwhelmed by his disability, depressed, resentful, or is he cheerful, and is he eager to undertake vocational training which will lead to employment?
2. Does he get about by himself - (a) in his home (b) about his yard? (c) in his neighborhood? (4) elsewhere?
3. Has he been taught the proper use of a cane in getting about?
4. Does he have ~~have~~ a Braille watch?
5. Does he have and use a talking book machine?
6. Does he have a typewriter? Does he operate it efficiently?
7. Does he read and write Braille efficiently? If so, what grade used - (a) Grade 1, uncontracted; Grade 1½, partly contracted; Grade 2, (standard) contracted? (b) Does he use a Braille ~~writer~~ slate and Braille writer?
8. What instruction has he had in studying as a blind person?

9. Has he been advised how to use his leisure time - games such as checkers, cards, etc?
10. Has he received instruction in pencil writing on a written board?
11. Has he been given assistance with personal problems, shaving, eating, posture, etc.?
12. What training has he received in the use of his hands - (a) basket weaving? (b) leather work? (c) weaving (d) wood work? (e) any other?
13. Does he take part in sports such as bowling, swimming, boating, etc.?
14. Does he go out socially - dances, parties, theatres, etc.?
15. What is the Vocational Adviser's opinion as to the adjustment the applicant has made to his blindness? Does he consider him ~~an~~ independent and self reliant as may be necessary for the blind veteran to satisfactorily pursue a course of vocational training or should the applicant receive further social adjustment training?

It is requested that when the vocational advisement brief and the detailed training program have been completed in connection with a blind case that a copy be forwarded to Central Office for review.

Lists of occupations in which blind persons have been successfully employed will be issued from time to time. It should be borne in mind that blind persons must have at least the same qualifications from the standpoint of education, previous experience, etc., as would be required for persons with sight, and as has previously been indicated, the adjustment a blind person has made to his disability must also receive close scrutiny. If an occupation is considered which has not been included on the lists provided by Central Office, a detailed explanation indicating any unusual factors, such as how and where it is contemplated the blind veteran may be adjusted into satisfactory employment upon completing necessary training, will be submitted to Central Office for consideration prior to inducting the blind veteran into training.

Pending the completion of plans to provide social adjustment training arrangements will have to be made to provide as much of such training as is possible locally. The qualifications of agencies ~~of~~ or individuals contracted with to provide such training must be carefully scrutinized, and detailed plans including the qualifications of the individual or agency must be submitted to Central Office for review and approval prior to negotiating such contracts.

Vocational training as distinguished from social adjustment training should be ~~xx~~ provided in most cases in schools and establishments commonly used by sighted persons, Also such training should be provided as close as possible to the community in which the veteran will live following his rehabilitation. This is desirable in order that the blind veteran may become as much as possible identified with and in the community in which he is to practice his new vocation. Such identification with the community should be of very great importance and value to the veteran socially as well as economically. Training agencies must be carefully selected and must understand thoroughly the requirements of the blind veteran and also the Veterans Administration policy and especially that blind veterans are to receive only such attention and assistance as they absolutely require and that tendency to deal with blind veterans differently than persons with sight~~ed~~ must be avoided.

If at any time there should arise any questions in connection with the vocational rehabilitation of the blind wherein it is considered that advice or assistance from Central Office may be helpful or desirable, it is urged that we be so advised.

Very truly yours,

(S) O.W. Clark

O. W. CLARK
Assistant Administrator.

To All Regional Offices
and Combined Facilities.

4. Veterans Administration, All Station Letter, July 20, 1945.

VETERANS ADMINISTRATION

Washington 25, D. C.

July 20, 1945.

MRB

Subject: COORDINATING THE ACTIVITIES OF THE VETERANS ADMINISTRATION WITH THOSE OF THE ARMY RELATIVE TO PROVIDING ORIENTATION AND ADJUSTMENT TRAINING FOR SERVICEMEN AT OLD FARM'S CONVALESCENT HOSPITAL, AVON, CONNECTICUT.

Dear Sir:

1. There is in operation by the War Department at Avons, Connecticut the Old Farms Convalescent Hospital, to which all blinded servicemen of the Army, upon completion of hospital treatment for their acute conditions and while still remaining in the service, are sent for a course of approximately 18 weeks, designed to provide orientation and adjustment training. The blinded serviceman's course at Avon will include activities selected from the curriculum available there with special regard to providing the training essential to accomplish the particular kind of adjustment indicated as necessary in the individual case.

2. Upon completing the course of training at Avon the serviceman is discharged from the military service to proceed to his home where it is expected that, in compliance with the Assistant Administrator's letters of September 6, 1943 and September 9, 1944, the regional office of the Veterans Administration will complete the arrangements for inducting the veteran into vocational rehabilitation training or for placing him in employment. according to ~~xxxx~~ the plan developed upon the basis of the understanding reached between the veteran, the Army personnel at Avon and the office as to the program to be pursued by the veteran after discharge. If, after having been offered every possible service and assistance, including appropriate opportunities for training, or employment, or both, the veteran declines to accept such service, the regional office will set forth this fact clearly in the record of the case together with a full statement of the attendant circumstances.

3. It is important that the Veterans Administration's cooperation with the Army personnel at Avon be such that the vocational rehabilitation program, if any, to be pursued by the serviceman under Public Law No. 16, 78th Congress, after discharge from the Army, be coordinated as closely as possible with the program of orientation and adjustment training provided by the Army at Avon, having special regard to:

- (a) The selection of the occupational objective to be pursued by each veteran after discharge:
- (b) Preparation by the Veterans Administration of the individual program for the training and employment of the veteran after discharge in such a way that the program will be continuous with that provided by the Army for the training of the veteran while at Avon, and so that no interruption need be caused by changing the place of training from Avon to the place where the veteran is to pursue vocational training or enter employment.
- (c) Obtaining and supplying information needed by either the Army personnel at Avon or by the Veterans Administration personnel at Avon or in the regional territory for the purpose of coordinating the program of the veteran in the

manner above stated.

4. In order, therefore, to effectuate the necessary cooperation there has been placed on duty at Avon a unit of Veterans Administration personnel, including a Vocational Adviser and a Training Officer from the Central Office staff who will perform the following functions:

- (a) Accomplish as far as possible the vocational advisement of each serviceman at Avon to the end that his plans for a vocation after discharge will be developed as far as possible in advance of his discharge from the service;
- (b) Secure from the appropriate regional office such information about the individual serviceman as The Army may request for the purpose of developing and carrying out its program for the training of servicemen while at Avon; and to secure also such information from the regional office or other appropriate ~~xxx~~ sources as is needed for purposes of vocational advisement while the serviceman is at Avon;
- (c) When the vocational advisement has been completed as far as possible in an individual case the Veterans Administration representatives at Avon will communicate to the regional office of the serviceman's home territory the facts developed in his case, including particularly the determinations as to the following:
 - (1) What occupations (including all alternate choices) have been agreed upon as possible objectives;
 - (2) Where the training must be provided to meet the serviceman's needs, if there are limitations regarding this matter;
- (d) To request the regional office to find and have ready for the veteran upon his arrival in the territory the necessary training facility or employment opportunity, as the case may be.

5. Special authority has been given by the Administrator to incur expense necessary for travel of Veterans Administration personnel to secure information of the kind above indicated. It will be expected, however, that the requests will be only for specific items of information which will have definite significance with reference to the serviceman's training at Avon or to developing and coordinating a program for him as hereinbefore stated. Information already contained in the serviceman's record at Avon must not be requested.

6. The success of this program for blinded veterans depends upon each regional office discharging promptly and fully its part of the responsibility for providing the special services which a blinded veteran needs while he is at Avon and after his discharge in order to develop and carry out the plan for effecting his adjustment to living conditions in the territory where he will reside. For the purpose of promoting understanding of the special services to be rendered by the regional offices, with particular regard to cooperating with the Army and Veterans Administration personnel at Avon, there are enumerated below some examples (not to be considered as an exhaustive list) of the kinds of specific services that will be requested of the regional offices in individual cases while the serviceman is at Avon:

- (a) Locating occupational opportunities as they may relate to the serviceman's aptitudes, vocational experience, abilities, education, interests and residual vision, if any, as reported by the representatives at Avon;
- (b) Locating training facilities and developing arrangements with them for providing: (a) institutional training; and (b) training-on-the-job;
- (c) Finding employment opportunities including (a) those needed immediately, and (b) those to follow training;
- (d) Developing arrangements to secure the services of approved agencies and institutions which may assist in accomplishing the orientation and occupational adjustment of blinded veterans.
- (e) Seeking and supplying such further information as is found to be necessary in developing the social and vocational adjustment program at Avon, and to carrying out the program both at Avon and in the regional territory;
- (f) Making necessary visits to the home and family of blinded servicemen prior to their discharge in order to establish friendly relationships, appraise the home situation, and prepare the family for the veteran's homecoming and for his adjustment to the conditions under which he must live;
- (g) Contacting the veteran immediately upon his arrival in the regional territory in order that the services under Public Laws 16, 346, and 309, 78th Congress, may be made promptly available with a view to expediting the vocational rehabilitation and complete social adjustment of the blinded veteran.

7. When the serviceman is ready for discharge from Avon the records regarding him which have been accumulated there will be forwarded, together with findings and recommendations, to the regional office having jurisdiction over the territory in which the veteran plans to reside.

8. When the regional offices are not fully equipped to handle the problems of advising, training and placing the newly blinded veterans, it is incumbent upon them to request the services of the Central Office Training Officer for the Blind, in selecting and securing suitable training and employment facilities, and in determining the skills that are within the capacity of the particular blinded veteran, in order to comply with the recommendations received from Avon.

Very truly yours,

/s/ O.W. Clark

O. W. CLARK
Assistant Administrator

To All Regional Offices
And Combined Facilities.

